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ABSTRACT

This report provides both a focal (part) and a subsidiary (whole) description of the process and results of a primary prevention, paracounseling, research project, funded for two years by the National Institute on Drug Abuse to create and research a "model" program which could be used nation-wide to help prevent drug abuse. Adolescents, young adults, and senior citizens were selected and trained for a period of 200 hours. Training combined didactics and experiential learning and emphasized high synergy; positive, healthy self-development, and project development as the most important training outcome. After training, the youth and senior paracounselors were paired with one or two fifth and sixth grade children who had volunteered to join the program. Most of these children had demonstrated problem behavior in school and home. Through one-to-one and group sharing, the use of complementary alternatives such as crafts and sports, and emphasis on mental health and development of positive potential, a program uniting all ages (generations) was created. As a result, significant increases were noted in the children's self-concept, positive behavior at home and school, in teacher and parent sentiment toward the children, positive attitude of the child toward family; as well as in many factors measured by the children's personality questionnaire such as intellignece, enthusiasm, conscientiousness, self-reliance, confidence, extroversion, and factors predicting better academic performance. (Author)

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US

PRIMARY PREVENTION, PARA-COUNSELING, RESEARCH PROJECT

A summary of this report has been included in Chapter 6 for your convenience.

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Chapter 1

THE BEGINNING OF "US"

What follows is a phenomenological observation concerning a drug prevention research and counseling project funded by the National Institute on Drug Abuse. This is the final report; it describes the human experiences that occurred as people joined together to find alternative ways of helping "self" and others. It is also an attempt to analyze and interpret the theories and data accumulated during the course of the project. And finally, it is a statement of hope and purpose, that this endeavor may prove able to help people here and elsewhere, for all of "us".

The extra effort required by this detailed report has been made for two major reasons. First, in both the field of science and service, it is important to present enough information to allow replication and to prevent duplication of mistakes. In this sense the report is a presentation of findings. Secondly, in order to establish a long-term project in this community and elsewhere, it is critical to let people know what has been done and what is needed. Toward this end, the report is a disclosure of the "process" which has thus far been evolving. It is feedback.

Feedback is important because it curtails what one prevention-program director termed "secondary ignorance" (Sieber, 1974). According to Dr. Seiber, there are two types of ignorance, primary and secondary. Primary ignorance exists when a datum or concept is lacking, and the lack is recognized. Secondary ignorance exists when an individual not only is unaware of the gap in knowledge or understanding, but also entertains an erroneous substitute concept as real. In the first state the mind is still open; in the second state the mind is closed. Secondary ignorance is the perpetuation of a myth or an answer that may have once worked but no longer does. It is secondary ignorance that besets most programs and eventually halts growth. It can best be overcome by maintaining open channels of communication, using feedback and capitalizing on the experiences and perceptions of others. This is one of the chief aims of this report, to organize and clarify what has been learned.

Personal Involvement

Working within a program such as "us" meant being involved. A personal commitment was made by each individual; when that commitment could no longer be met, he or she quit or was asked to leave. Sometimes the departures were painful and misunderstood; sometimes they were perceived as they were, personal decisions to invest personal energy otherwise. Each person who stayed or left gave something to the program and was a part of "us". Everyone deserves credit; but most of all, thanks to those who committed "self".

Involvement, Values, Data, and Choice

As director and principal investigator, I became existentially involved in the immediate experiences of being-in-the-program. Many times the program seemed to be my world, acting upon me as creatively as I upon it. There was no way then, nor is there now, to assume the role of an impartial, outside, scientific observer. I had become involved, and when doing research or writing this report, it was important to recognize that fact. This involvement produced both a bias and a passion in the search for knowledge. I became intensely motivated to transcend normal limitations in the quest for understanding, and simultaneously lost contact with some realities.

Compensation for this bias of perception was consciously undertaken through the use of questionnaires, journals, outside evaluations, and observations made by others. Both normative and idiographic data were collected and analyzed. Each piece of data and everyone's point of view was examined to find any commonality of process or change that might have been experienced. Knowledge from mistakes were considered as important as knowledge from successes. And finally, the report was written not as proof for an existing theory or answer, but rather as a phenomenological observation describing what happened during the program.

Accordingly, no single methodology was selected as "the way" toward enlightenment or truth. The purpose of the program was not to support any particular approach or research tool. The purpose was to establish a program and then discover or develop a tool that would do the research. In doing this, the staff examined traditional experimental and quasi-experimental methods, a behavioral-social approach, and a phenomenological design. Due to the limitations in each design, no one methodology was found to give an adequate guideline. Consequently, rather than restricting the questions in order to fit them to a methodology, the methodologies were modified to fit the search.

Values, whether articulated or tacit, are an inherent feature of the social services and science because people are inevitably involved. The researcher in choosing design, the subject in choosing participation, and the reader in determining what to believe, all influence the process and outcome in accordance with their sets of values. To the scientist seeking to reject the null hypothesis, significant differences are valued and relevant; to the subject (or the subject's family) seeking help, significant differences of statistical nature are not especially valued, and nonsense (non-sense) about Type I and Type II errors seems totally irrelevant. Numbers do not count, people do. To the people what matters is whether or not they were helped to satisfy a need or solve a problem.

Values produce change; values also prevent change. Values guide the choices man makes and shape the world he perceives. Within a system of values man determines which facts and data to accept or reject. Subject to the sway of a value system, data may be assimilated to fit one's own perception of the world, or it may be used instead to guide accommodation and self change. Even when overwhelmed by cognitive dissonance stemming from apparently undeniable facts or "proof", an individual may reject the data because it conflicts with his values, thus choosing to remain ignorant (ignore-ant). Contradictory data in this case simply motivate the person to seek further defense mechanisms in order to protect his value system, increasing investment of self until he becomes incapable of voluntary change. The mind becomes closed, and nothing said nor read will open it.

For example, consider the plight of the habituated cigarette smoker. Both physical and cognitive processes have supplied data concerning the negative effects of smoking. Symptoms of a hacking cough, short wind, and persistent respiratory problems remind the smoker of the dangers. Each pack he opens is clearly labelled as hazardous to health. He can probably recite the numerous diseases associated with smoking, and may express fear that his life will be shortened. Yet he continues smoking. At home, in restaurants, in nature, at work and at play, the smoker's anxious inhalation and calmed exhalation remain his trademarks. So deeply invested in this habit is the smoker, that he thoughtlessly infringes on the rights of others to eat, sleep, or breathe in an environment free of his constant pollution. Given more facts or reasons for quitting, and provided with social or emotional appeals or censure, the smoker may decrease consumption temporarily but then continue as before. He may "quit" hundreds of times. He may deplore himself, his bad breath and stained fingers, and his lack of will; yet he continues. His mind is closed. There is no chance for real change. The smoker cannot deny his values and associated life style. Will power cannot overcome the problem. The smoker himself is the problem.

In view of this relationship among values, choice, and data, this report is not offered as proof or disproof. It is instead intended to describe a search for alternatives in research, counseling, and primary prevention. Factual data are presented as is a phenomenological description of the program process. Combined, these produce a Gestalt, a composite whole greater than the sum of the parts, an expression of a group endeavor to discover, utilize, test, and record processes that could facilitate self-actualization and self-enhancement.

Reading the Report

In describing the "us" program two approaches are used: (1) analysis of the specific stages or parts, and (2) description of process. The first approach produces a more precise, data referenced delineation. Its purpose is to induce focal awareness. The second approach produces an overview from which the program may be defined in terms of process, moving from a starting point toward further development. If the program was truly productive, the second approach should disclose healthy change and improvement. If the program was not, the second approach should show non-change or negative growth-regression. The purpose of this second approach, process description, is to provide subsidiary awareness.

Focal awareness is conscious attention to identifiable particulars. Subsidiary awareness is non-conscious attention to wholeness and process (Polanyi, 1964). To explain further, in building a house, a carpenter maintains focal awareness when sawing and nailing boards. He is being precise in detail. Even while doing precision work however, he also maintains a guiding awareness concerning the completed project. He entertains a holistic concept, a structure. It is this subsidiary awareness that gives meaning to the elements subject to focal awareness. A hammer is not just a metal object (particular), but a tool to nail boards together in order to actualize a concept (subsidiary wholeness).

A major difference between the carpenter and the social service person however, is that the carpenter usually has a blueprint, whereas the person working to help people may not. In the latter instance, much depends on the philosophy-values of the service person. Some people believe that human growth can be mapped and defined by referring to objectives, similar to blueprinting a house. Consequently, pre-established goals and methods are defined, and numerous "carpenters" (e.g. counselors, teachers, and experts) are hired to complete the design. Others though, believe that human growth cannot be mapped by a "designer" unless the designer is also the carpenter and the owner of the house (i.e. a person choosing his own goals and finding his own ways to reach them). And of course, between these extremes, along the continuum of philosophy-values, remains a mixture of views.

People and programs are often guided by an inarticualte subsidiary awareness. Data, facts, theory, or obtained goals are not enough to fully depict a program or institution. These only provide focal awareness, the explanation of parts. More important is the whole, greater than the sum of parts, disclosed only through subsidiary awareness. Importance is given not only to "how" but also to "why", and not only to the ends but also to the means. Understanding subsidiary awareness means understanding process.

The "us" Purpose

The purpose of "us" was to create a viable research, counseling, primary drug abuse prevention program. The purpose was not to create a research program, or counseling program, nor simply a prevention program. Each part by itself meant almost nothing. Viability came from the unity of parts.

Research for example, especially in psychology, has been challenged recently because many researchers were disregarding the rights and welfare of their "subjects". Often, their subjects were placed under extremely severe mental-emotional stress without any prior knowledge or forewarning of the risks. Some of these subjects were involuntary participants, such as college students who were "required" to undergo a certain number of experiments to pass a course, or the person who was labelled insane and hospitalized to receive experimental drugs, lobotomies, or electroshock therapy. In a viable counseling-research-prevention program such disregard for the rights and welfare of subjects is no longer tolerable.

Conversely, many counseling programs have been questioned because they conducted no research to prove or disprove what they claimed to do. Without data for support, the politics of expediency and popular appeal often became tools for justifying their continuation. Given necessary funding support and fully believing in their counseling styles, such programs "processed" many people. When it was all over no one knew with certainty if anything had really been achieved, not even the one who had been "counselled".

Finally, when discussing a viable drug prevention program, both research and counseling become paramount concerns. It is essential to demonstrate that what an activity claims it prevents is first of all preventable, and then that it is really being prevented. In the "us" program for example, drug use would be almost impossible to prevent, whereas preventing drug abuse might be feasible. But then, how could prevention of drug abuse be demonstrated? It is much easier to prove a significant change in an already established disease or behavior (drug abuse) than it is to prove that what a program does somehow prevents the disease or problem from becoming established. In the latter case of prevention-research, longitudinal follow-up camparisons are de rigeur, and few programs are able to make these. In counseling, alternative approaches must be explored. If a universal solution or "way" already exists there is no need for the research program. Apparently, though, something needs change, and determining what change and how to effect it requires the combined effort of counseling, research, and prevention. In the course of such an effort, a delicate balance must be maintained with continuous re-evaluation and process modification. Each time a change is made, a new area of risk or a new possibility may appear, requiring further re-examination and modification. Acknowledgement of this was a significant guideline for [illegible]".

The Grant Proposal

The grant project period was from July 1, 1973 through June 30, 1978. The budget period was from July 1, 1973 through June 30, 1975. The total amount funded was $107,006 for the first year and $121,110 for the second (see Appendix, Budget). Initially, two full time positions (program director and office manager), and two half time staff positions (MSW psychiatric social worker and bookkeeper) were established. Stipends and mileage for twenty para-counselors were also provided. Approximately fifty percent of the funding was in this category. These served as motivational incentives and income supplements for seniors and adolescents ($200 a month per person).

The stated purpose of the proposal was to test one hypothesis: "Senior citizens can be more effective than peers in counseling adolescents who are potential abusers of drugs." The broad concept for testing this hypothesis was further described:

> "After careful selection of trainees (through testing, interviews, etc.), a training period consisting of lectures, role playing, group discussions, and films will prepare each trainee to work with two target group adolescents for a minimum period of eight months. In the first year there will be 40 target group adolescents and 20 counselors. The adolescents will be

> those youngsters in the 5th and 6th grades who have been identified by school officials as behaviorally aberrant and drug prone. The trainee counselors will be one-half senior citizens (55 years plus) and one-half peers (10 to 14 years). The level and purpose of training will be to prepare para-professionals to engage in a humanistic approach of behavioral intervention to prevent target group youngsters from engaging in drug use. The major objective of the program will be to reduce the potential for drug abuse through intervention in the lives of target youngsters who have been identified as behaviorally disturbed and therefore drug prone."

Testing and evaluation modes at that time were still in gestation, although emphasis had been placed on one research questionnaire series from the Institute of Personality and Abilities Testing (16 PF, HSPQ, and CPQ). Supportive tangibility indicators were also considered to consist of positive changes in attitude toward self and others as observed by school personnel and the counselor, and a decrease or no involvement with the Juvenile Detention Home or law enforcement system.

The research design itself was also part of a negotiation with an outside consultant. It was basically a randomized block design of pre-post/experimental-control group nature. This meant that subjects would be randomly assigned to either an experimental group (paired with a senior or a youth counselor randomly), or a control group (not paired with a counselor), pre-tested and, at the end of the first project year, post-tested. The results of the pre/post tests would be compared to determine if the experimental group increased or decreased significantly their test scores in comparison with the control group, and if the subjects paired with seniors increased more than the subjects paired with youths.

The justification for a presumption of drug abuse predictability came from a Saturday Review article by Richard H. deLone (November 11, 1972) in which five characteristics of drug abusers were cited: (1) they have little cohesive family life, (2) are alienated from society, (3) they are confused about values and impulsive-high-riskers, (4) they form superficial friendships and (5) they exhibit low school performance, truancy, and delinquent behavior.

Locally, these predictability factors applied to many children, and the proposal described the problem of drug abuse or use as significant. A Jackson County District Attorney was quoted as saying in 1973 (Medford Mail Tribune), "There has been a steady increase of drug cases during recent years...Drug and narcotic cases account for approximately 30% of the felony caseload..." Also, the Jackson County Grand Jury's 4th quarter report for the year 1971 was quoted as saying, "...if the possession or use of marijuana was not a punishable crime, our case load the last three months would be 34½% smaller."

The training was to include a somewhat formal course in general psychology (with textbook), personality theory, abnormal psychology, theory and technique of counseling, and thorough coverage of alcohol and drug abuse data. A reserved reading list was to be made available. Field trips to agencies and institutions, sensitivity training, and out-of-the-classroom experiences (e.g. camping and travel), were also contemplated. Para-counselors were to meet eight to nine hours a week for training. The length of the training period was not yet determined.

The counseling design was to develop a personalized and supportive relationship between a para-professional counselor and a 5th or 6th grade adolescent. Each para-counselor was to be paired with two children. This would provide low cost one-to-one counseling resources and involve resources which had been heretofor wasted. Peers would act as buddies; seniors as surrogate grandparents. Their function was to meet the unmet emotional needs of the 5th and 6th graders, and to help during times of normal developmental stress.

Peer counseling was justified by referral to the belief that children and adolescents judge themselves through comparison to a peer rather than through an adult-parent relationship. It was felt that the buddy or gang provided "needed self-esteem, social support, and attitude formation". By providing healthy peer relationships, it was believed possible to guide the child toward healthier child-peer interpersonal interaction.

Senior counseling was supported by examination of the nuclear family relationship which, in our contemporary society, often excludes the grandparents. It was believed that youth from unstable nuclear families could develop healthier interpersonal child-adult relationships if relatively well adjusted surrogate grandparents were available to interact with.

In summary then, a proposal was written and funded to research the ability of twenty trained para-professional counselors (ten youth and ten seniors), to reduce the potential for drug abuse through intervention in the lives of forty adolescents in the 5th and 6th grades who had been identified as behaviorally disturbed and therefore drug prone. Behaviors to look for in these children, which might be indicators of potential drug abuse were: emotional trouble, marginal adjustment, broken or unstable homes, alcoholic parents, low socio-economic backgrounds, poor family communication, and lack of peer acceptance. It was felt that pairing these children with trained para-counselors in a compatible relationship would add cohesiveness to life, reduce feelings of alienation, and increase self-esteem, thereby decreasing anti-social behaviors and the use or abuse of drugs.

Assurances

Before the program could begin, an outline of procedural policy had to be completed. This was the "Special Institutional Assurance and Certification of Review of Projects Involving Human Subjects". Basically, this established a special Review Board whose members were professionaly competent to review program operation and determine if any activities (counseling or research) unduly risked the rights and welfare of the people involved.

Specific possible risks were anticipated by this committee, and steps were taken to minimize them. Some of these risks were: violation of confidentiality, development of dependency by the child upon the para-counselor, adverse punitive overreactions by the para-counselors toward the child, mismanagement of psychological emergencies, intensification of problems, and a lowered self-esteem. Correlated steps taken to reduce these risks were: a special information coding system for data storage in a locked file which was accessible to staff only, or to an individual counselor with staff supervision, intensive training and supervision of the para-counselors, freedom for the child to discontinue the program at any time, full explanation of the program, including the risks involved, to the parents and a requirement that signed parental consent be given for each child's participation, screening of test materials and prior approval for major program changes by the Review Board, and professional resource-counseling support availability.

Within this "focal" outline remained a very important "subsidiary" message. The first concern should and must be for the people who were being asked to join an experimental-alternatives program. Everything possible was done to maximize positive development and minimize any negative influences. It was understood that mistakes and errors in choice or action could be made. But no error, it is important to note, would be allowed to perpetuate itself. Alternatives would be developed if needed. For the sake of the people involved, the gain (potential) had to outweigh the risk. Research and experimentation were secondary to "self" development.

Chapter 2

QUESTIONS

The original proposal was written, approved, and the grant awarded for the original "us" Youth-Senior Drug Prevention Program months before the permanent program director/principal investigator was interviewed and hired. A new director meant a change in perception, a different way of defining and examining the problem within the accepted grant outlines. Three questions were asked concerning the concepts discussed by the grant: (1) What is the drug problem nationally and locally, and what is being done presently to solve this problem? (2) Is drug abuse predictable? (3) Can para-professionals handle such a task as prevention, and if so, in what kind of a counseling environment?

Question 1: What is the drug problem and what is being done?

Locally the drug problem seems fairly representative of the nation as a whole. Certain positive factors are noted, such as the small rural community environment which curtails many extremes of the larger socio-economic environments. In this county (Jackson), with a total population of 110,700 (Portland State University's Center for Population Research; Census 1975 figure), establishment of a large drug sub-culture, based on heroin for example, would be difficult, and would probably not be profitable enough for the required black-market efforts. On the converse, however, certain negative factors make drug use or abuse easier. This valley is a mid-way point between large metropolitan drug areas, a natural overnight stop on the major interstate route between San Francisco and Seattle. A large market is not needed to support the drug peddler passing through. This also makes the drug problem more difficult to deal with locally because of the invisibility and mobility of trafficers. A unified effort at preventing or curtailing drug use seems improbable because the problem remains unreal to most residents. This, along with high acceptability and easy availability of sanctioned legal drugs, fosters a drug use problem.

The Local Drug Problem

The local drug problem emerges not so much from large statistical numbers of users or abusers, but rather from an increasing number within an environment that affords few alternatives and solutions. In September, 1973, there were 2,490 referrals to the Jackson County Juvenile Detention Home. With a local school enrollment of 23,080 during that year, this means that a possible 10.7 percent of the student population demonstrated problem behaviors to a degree that dictated resort to guidance or legal intervention. This percentage varied according to the number of repetitive cases and out of district juveniles handled. Of these 2,490 referrals, 97 were for narcotic drugs, 9 for drunkenness, and 233 for possessing or drinking alcohol. A total of 245 cases were referred primarily for drug use and/or abuse (JDH report, 1973). No data were obtained to determine how many of the other referrals might have had correlated drug use/abuse problems.

The Jackson County Mental Healthy Clinic (Family and Child Guidance Clinic report, 1972) reported giving aid to 789 families in 1972. Family problems related to alcohol and drug use amounted to 205 cases, or about twenty-five percent of the total cases reported.

From a questionnaire distributed throughout the intermediate education district during April 1973, various drug use information was gathered on a sample of 1137 students in grades 7 through 12. The percentages of students who reported using drugs "now and then but not too often" were as follows: beer (41%), wine (44%), liquor (38%), marijuana (14%), hashish (9%), tobacco (15%), opium (3%), amphetamine pills (10%), barbiturate pills (8%), LSD (5%), mescaline (7%), glue (5%), and cocaine (4%). The percentages of students using these drugs "regularly once a week" were: beer (12%), wine (6%), liquor (3%), marijuana (7%), and hash (2%). The percentage of students who reported having used these drugs "regularly at least once a day" were: beer (2%), liquor (1%), marijuana (4%), and tobacco (15%). In numbers this meant that in a total school population of 23,080, approximately 462 students reported drinking beer daily, 231 students drank liquor daily, 924 used marijuana daily, and 3,462 smoked cigarettes daily.

In a normative study (see Appendix) done by the "us" program in February, 1975, the following results were reported by 5th and 6th graders in the Ashland school district (questionnaires were anonymous): 7.7% sometimes smoked cigarettes, 50% sometimes drank coffee, 20.8% sometimes drank wine or beer with dinner, 13.2% had been drunk, 33.6% had friends who had been drunk, 23% knew of people their own age who had tried marijuana, and 3.2% had themselves tried marijuana.

As can be observed in these questionnaire responses, reported use is not always equal to the number of people known by others to have used drugs. In the normative study for example, although only 3.2% of the 5th and 6th graders reported trying marijuana, 23% stated they knew of people their own age who had. This difference between reported use and reported knowledge of use by others may stem from two areas: status accorded to the peer user, and fear of responding honestly (even though the questionnaires were anonymous). In any event, using questionnaires of this type, specific conclusions about use and abuse cannot be drawn. What this survey does show is the fact that drug use and abuse is a behavioral characteristic of some students as early as the 5th grade. Even when one considers the distinction between experimentation (use) and habituation-addiction (abuse), this early age presents a problem. How many of these users might find drugs an answer to the increasing stress typically encountered during adolescence and adulthood?

In investigating the drug use and abuse problem locally, interviews were conducted by "us" in October, 1975, with local agencies that dealt specifically or incidentally with drug problems (i.e. mental health, alcohol treatment centers, schools, Juvenile Detention Center, a crisis hot line, narcotics team, and Children's Services). Most agencies did not have supporting research concerning the drug problem but they did share whatever perceptions they had. Summarized, their information was: (1) there had been an increase of marijuana use since the new Oregon Marijuana Law, and users were smoking better quality Columbian "super weed" rather than the Mexican "dirt weed", (2) there was a strong trend back to LSD--mostly window pane and micro-dot type, (3) the mescaline and psylocibin drugs were scantily available, and most mescaline and psylocibin drgus sold on the streets tested out to be LSD, (4) speed-crosstops were very available and becoming an increasing problem, (5) cocaine was available and ounce "busts" were becoming common, (6) there did not seem to be much illegal barbiturate use, (7) heroin was not a serious problem, but it was available, used mostly by week-end chippers, (8) fewer deaths were attributed to drugs that year than in the preceding, (9) there was a strong swing back to alcoholic beverages, which seemed more acceptable to parents and police (however, to many agencies this represented a serious concern since alcoholism remained the number one drug use and abuse problem), (10) there was an increase in youth suicides and alcoholism during the year, (11) there was an increase in the number of juveniles driving under the influence, (12) youth seemed to be less willing to take chances on buying street drugs, especially downers, (13) the age of the drug offender was decreasing, and (14) the largest numerical increase was among poly-drug users.

Solving the Drug Problem Locally

What was being done locally to solve the drug problem was also examined during the October interview. From the information obtained, the following brief summary was made as an outline of available local resources applicable to drug abuse prevention. The outline was brief and not intended to cover the programs thoroughly. Each program had its own approach to solving the problem, and no single solution was deemed appropriate for all situations. The answers to the drug abuse problem seemed as idiosyncratic as the people with the problem and those trying to solve it. One commonality did however prevail; everyone shared a commitment to do something about the drug use and abuse problem before it became too large to handle.

The only primary prevention program in progress was the "us" Youth Senior Program. Some local schools had attempted a start, but this consisted almost exclusively in providing basic drug information to students as part of their health classes. Only one school interviewed had any alternative program for known users, while two of the schools seemed unaware that a drug problem even existed. When an obvious problem appeared, the schools often made referrals to Help Line, the Mental Health Clinic, the Juvenile Detention Home, Alateen, or Children's Services. Most schools had been given informational presentations by the Medford Crime Prevention Unit, and they had access to other drug education materials through Jackson County Intermediate Education District, which were eventually to be integrated into the regular school programs as a means of emphasizing the values decision-making approach rather than just to impart information.

The local police normally took youthful drug offenders to the Juvenile Detention Home unless large quantities of drugs were found, at which time the youth would be detained for questioning. If a youth was in crisis or needed psychological assistance, the police usually referred him or her to Help Line or Program Outreach. It was hoped that in December, 1975, a Juvenile Diversion Officer would be available through LEAA funds. This person would work closely with all agencies and would design for the Medford Public Schools a program to replace the current program used by the Crime Prevention Unit.

The Juvenile Detention Home usually referred the drug user or abuser to other agencies, or provided counseling to those it could handle. Alcohol was by far the most common drug problem referred to that agency. The staff offered counseling in this area and hoped to improve the service with a new family counseling program. More serious drug users were referred to the Mental Health Clinic and the Alcohol Treatment Center.

Help Line (a crisis hot line) provided a caring listener, a referral system, drug analysis, and the Bummer Squad which helped the drug user through crisis and assisted in obtaining proper medical help and observation. Drug analysis was available to anyone (agency or anonymous individual). Referrals were usually made to the Mental Health Clinic or Detox Center.

The Jackson County Mental Health Clinic provided some group and individual counseling for occasional drug users, and had also developed two special drug abuse prevention programs. The first of these was Program Outreach, a [illegible]-key educational and clinical group counseling effort that worked with the more serious cases who were willing to help themselves. The second program was an alternative to heroin addiction; it maintained a small number of people on methadone.

The Alcohol Treatment Center worked closely with all agencies, providing counseling, love, and needed understanding to the drug user. It had in operation a five-day Detoxification Program, a Recovery House Residential

Program, and a special school for drinking drivers. It planned in the future to establish a program in the schools aimed at preventing the alcohol problem.

Alcoholics Anonymous was an all-volunteer agency that worked with anyone who had the desire to stop drinking. Recovered alcoholics helped those who were still alcoholics through group therapy and personal supportive interaction. They had special groups for teenagers from alcoholic families (Alateen) and for wives, husbands, and friends of alcoholics (Alanon).

The National Drug Problem

Nationally the drug use/abuse problem seems epidemic in the numerous alternative environments. The solutions are not able to effectively curtail the spreading disease (dis-ease). Alcohol remains the number one drug problem in the United States, with an estimated five to six million alcoholics, some 450,000 of these being adolescents. These are people who use alcohol to such an extent that is interferes with their social and occupational behaviors; they consume enough alcohol daily so that life adjustment is impaired (Ray, 1972). Below this extreme of abuse are another seven to nine million people who because of alcohol have developed life adjustment problems of lesser degrees. They are the problem drinkers, and as the alcoholics once did, they believe themselves capable of controlling the intake of alcohol. It is a commonly expressed belief; yet one person in fifteen who drinks becomes an alcoholic (Hyde, 1972). Alcoholism is increasing at the rate of more than 200,000 new cases each year, and its victims constitute nearly fifteen percent of mental hospital first admissions (Coleman, 1964).

The reported monetary cost to society for alcoholism in 1970 was over two billion dollars. In industry losses due to absenteeism, reduced efficiency and accidents cost over one billion dollars, and another billion was spent by society for care, treatment, and financial aid to alcoholics and their families (Goldenson, 1970). Yet, in this country of wealth, these material costs have been absorbed. The personal cost to the individual alcoholic cannot be.

Usually more serious than financial loss to the alcoholic is the decrease in mental and physical health. Some authorities in the field consider alcohol a progressive illness that eventually affects the total individual (Whitney, 1965). It was officially recognized as an "illness" by the American Medical Association in 1956. It ranks as the fourth most prevalent disease in this country, with the life expectancy of an alcoholic being twelve years shorter than average (Coleman, 1964). Diseases such as Korsakoff's syndrome and Wernicke's psychosis are commonly associated with alcoholism, as is cirrhosis of the liver. It is a slow form of suicide so deadly that many narcotics addicts report turning or returning to heroin in order to escape the ravages of alcoholism (Brecher, 1972). Even abstinence is deadly for the alcoholic; withdrawal is more severe and more likely to cause death than narcotic withdrawal (Ray, 1972).

The alcoholic is a menace to self. He or she is also a menace to society. A clear correlation is traceable between the effect of alcohol and fatal motor-vehicle accidents. In a New York City study, forty-six percent of the drivers in fatal accidents were found to have very high blood-alcohol concentrations (Plaut, 1967). The Federal Bureau of Investigation Uniform Crime Report for 1972-73 reported over six hundred thousand arrests for driving under the influence. The only other criminal offense that produced a higher arrest count was drunkenness. Its count far surpassed the million mark. At least forty percent of all arrests in the United States are for being drunk in a public place, driving while under the influence of alcohol, alcohol-related homocide acts, alcohol-battered children crimes, and alcohol-related suicide behaviors (Brecher, 1972).

A major factor for this high rate of alcohol abuse is attributable to the classification and use of alcohol by many people as a non-drug. Many parents are the first to proudly initiate their children into the drinking circle, sharing their beer and wine at first, and then in later life competing to see who can still outdrink whom. One motive cited by juveniles in a drinking clinic report was "to prove that they could drink better than their alcoholic parent" (Ray, 1972). Many parents, police, and school counselors have expressed relief when they have found students returning to alcohol and no longer using "drugs".

In this atmosphere, the sale and consumption of alcohol becomes common behavior. In 1970, some 40,000 liquor stores, often state supported, were involved in mass distribution of liquor to other outlets and individuals. More than $250,000,000 was spent that year for its advertisement, designed to entice new members to join the already eighty million drinkers of America (Brecher, 1972). In the 1970 Liquor Handbook, it was estimated that in one year over 200,000,000 gallons of wine, 3,600,000,000 gallons of beer and 360,000,000 gallons of liquor were consumed in the United States. On an annual per capita consumption basis, this would have provided every man, woman, and child in this country with twenty gallons of alcoholic beverages

Per capita consumption figures are misleading, however, since a majority of people are not drinkers. At least fifty percent of the alcohol consumed is imbibed by a small percentage (6.9%) of alcoholics (Ray, 1972).

Alcohol, however, remains only the third most frequently used mind-affecting drug (Brecher, 1972). The number one mind-affecting drug is nicotine. Like alcohol, it is a legal drug for most people, and many people treat it as a non-drug. The law that person below a certain age cannot legally buy tobacco is ignored by most businesses selling this commodity. Recognizing smoking as such an addicting habit, many schools have set special areas aside for adolescents to smoke without harassment for being under age. Of all substances known to man, none is consumed with such remarkable frequency. It is estimated that over 542 billion cigarettes are smoked each year (Brecher, 1972).

Smoking clinics, aversive conditioning, hypnosis, and mental abuse (ridicule, scorn, etc.), have all been tried by people to stop the habit of smoking. At best these techniques work for a few. The recidivism rate for "smoking clinics" is similar to that found in heroin treatment programs, eighty plus percent (Hunt, 1970). In Germany, following World War II, when tobacco supplies were drastically curtailed, many smokers went without food rather than forego tobacco. People there resorted to crime, begging, and picking butts out of the gutter in order to continue their habit (Brecher, 1972). Possibly the only reason we do not see these behaviors here today is that the weed is easily obtainable from a legal market. Dr. Jerome H. Jaffe, an acclaimed expert on drug addiction, has drawn parallels between the behavioral traits of narcotic drug users and cigarette smokers, suggesting that the pack-a-day smokers suffer from a "compulsive smoking disorder".

Smoking is so similar to heroin addiction, that a study was done in 1942 by a Dr. Lennox Johnson. He began injecting small doses of nicotine solution into thirty-five volunteers (including himself). After each injection of an adequate dose, smokers were disinclined to smoke for some time, and following a course of eighty injections, smokers preferred the injection to smoking a cigarette. If the injections were abruptly discontinued, craving arose until nicotine equivalent to the amount found in one cigarette was injected (one milligram). He concluded that smoking tobacco was actually a means of administering nicotine, just as smoking opium was a means of administering morphine (Johnson, 1942).

For many children, smoking a cigarette is their first experience with an illicit drug, and most do not believe they will become addicted. Like many other people, they feel that they can smoke for a few years and then stop. This assumption is erroneous, however, according to Dr. Hamilton Russell. In his study he found that it required only a few casual cigarettes during adolescence to ensure that a person would eventually become a dependent smoker. Of those adolescents who smoked more than one cigarette, some seventy percent continued smoking for the next forty years. The threshold of addiction seemed to lie at three or four cigarettes (Russell, 1971).

The personal loss to the smoker is serious, often deadly. Inhalation of smoke remains the single most important cause of lung cancer and is a major factor in deaths from coronary heart disease, chronic bronchitis, emphysema, and other diseases. Pregnant women who smoke have two to three times as many premature babies and twice as many aborted or stillborn (Ray, 1972). Yet many smokers who are hospital patients after suffering a heart attack, stroke, high blood pressure, or progressive emphysema have been seen smoking steadily, unable to quit, even though it is a life and death matter. They often alternate between a puff of their cigarettes and a gasp for oxygen on the respirator (Brecher, 1972). Nicotine is the most frequently used mind-affecting drug for a reason; once people start most cannot stop.

The second most widely used mind-affecting drug is caffeine. Drs. Hugh Parry and Ira Cisin in a long-term (1970-1972) "Psychotropic Drug Study" funded by the National Institute of Mental Health, reported that eighty-two percent of their respondents between the ages of 18 to 74 had drunk coffee and fifty-two percent tea during the preceding year. Twenty-five percent of them customarily drank six or more cups daily. According to their report, which is corroborated by U.S. sales figures in 1970, enough coffee (excluding decaffeinated) was sold to supply every man, woman, and child over the age of ten with 2.4 cups per day; this is equivalent to some 180 billion doses of caffeine a year (Consumer Expenditures, 1971). These figures did not include the caffeine consumed in chocolate, cocoa, and cola beverages.

Although coffee is today considered by most people to be a harmless "pick-me-up", it has not always been deemed so. In 1902, Dr. T. D. Crothers classified "coffee addiction" in the same category as morphinism and alcoholism. He reported that in extreme cases, coffee psychosis caused delusional states, destructive behaviors, and recklessness. He felt that coffee drinkers often turned to other narcotics such as alcohol and opium (Brecher, 1972).

More recent research findings report that a certain amount of caffeine is capable of stimulating the cerebral cortex, producing a greater sustained intellectual effort (pick-me-up); although an administration of 150 to 250 milligrams of caffeine (one to two cups of coffee or tea) can adversely affect recently acquired motor skills. In very large doses caffeine is a potent poison, producing strychnine-like convulsions and death from respiratory failure. A single gram of caffeine (7 to 10 cups) can produce acute toxic effect with restlessness, insomnia, and excitement, while 10 grams (70 to 100 cups) is fatal (Ritchie, 1970).

Coffee is the most widely consumed central nervous system stimulant in this country. Amphetamines, the cousins to caffeine, are second in stimulant use. Over 36 million prescriptions a year are written by doctors, many of them for children with the very same behavioral problems considered to be predictors of drug abuse. It was estimated in a 1974 report that 150,000 to 200,000 American school children were taking these potentially dangerous drugs on doctors' orders (Walker, 1974).

The widespread use of amphetamines has recently stirred debate, especially concerning prescriptions for children. Many people are becoming alarmed at the indifference of doctors, parents, and school officials toward the use of these drugs as a means of controlling and adjusting the child to the school environment. It should be pointed out that even under the most favorable circumstances of proper diagnosis and follow-up by a doctor, risks are being taken. Nor is there guarantee of proper diagnosis and follow-up.

This debate centers around the fact that all drugs have possible side-effects, many of which are dangerous and yet unknown. Since seventy percent of all prescriptions written today are for drugs unknown thirty years ago, there has not been adequate longitudinal research collected to justify wide-spread use of drugs for support in the socialization of children. In addition, drugs by themselves seldom solve the problem. Much depends on the involvement or non-involvement of the individual child, doctor, school, and parents. Often times special developmental programs need to be implemented simultaneously in therapeutic drug treatment in order to achieve maximum benefit, or any long-term benefit at all. Yet after the child has been given drugs which alleviate the child's behavioral problems, he is often ignored, and these developmental programs never get started.

Drugs are becoming the accepted solution too often, for too many problems by too many people. In a study by Dr. Mitchell Balter on the use of drugs in contemporary society, it was estimated that some 80 to 90 million of the adult population of 122 million had used psychoactive drugs some time in their lives Psychoactive drugs have in fact become the fourth most popular mind-affecting drugs in the United States. Eighty percent of these drugs, such as minor tranquilizers (anti-anxiety), sedatives, hypnotics, and anti-depressants are for the purpose of sedation, tranquility, and sleep. The other twenty percent accomplish just the opposite, providing an increase in energy or an elevation of mood (Balter, 1969). Considering all psychoactive drugs, over 260 million prescriptions are written yearly by American physicians (Brecher, 1972). Polydrug use, legal and illegal, has become a major problem within our country

The national drug problem is nevertheless an individual problem. People cannot continue relying on government, or doctors, or pharmaceutical companies to guide them wisely. Consider until recently two of the most widely sold prescription tranquilizers, Valium (the largest selling commercial drug) and Librium (the fourth largest seller), were refillable continuously without further follow-up by the physician. Many people assumed that since a doctor had prescribed these drugs, continued use would present no problem. Many were unaware that dependency and withdrawal symptoms similar to those noted with barbiturates and alcohol were possible, or that when ingested with alcohol, coma and death could ensue. Nor did they know that possible hazards existed during childbearing, or that these drugs could produce confusion, depression, anxiety, hallucinations, insomnia, rage, acute hyperexcited states, and other adverse reactions. The people using these drugs continued to buy them because they were available as a means of ameliorating problems. The doctors prescribed them because this was the best solution they knew. The companies sold them because a profit was involved.

The widespread use of tranquilizers by the adult population has influenced the use of drugs by their own children. In 1972, the National Commission on Marijuana and Drug Abuse reported that elementary and high school students whose parents took tranquilizers were twice as likely to smoke marijuana and three times as likely to use stronger hallucinogens than those students whose parents did not. Individual parents are modelling drug using behaviors and their children are following the example. The only difference noted is the type of drugs used and the reasons for taking them. Adults appear to be "turning off" with tranquilizers and depressants, while their children are "turning on" with marijuana and other hallucinogens. The generation gap in this case does not seem to be defined by drug use versus non-use, but rather y a difference in opinion concerning which drug is acceptable.

Marijuana, the fourth most popular mind-affecting drug in the world, has become an issue in the United States because of its widespread use among youth. In 1969, Dr. Stanley Yolles, the Director of NIMH, before a Senate Judiciary Subcommittee investigating juvenile delinquency, reported that somewhere between 8 and 12 million Americans had smoked marijuana at least once. In 1972, the President's National Commission on Marijuana and Drug Abuse reported that 24 million Americans had tried marijuana, and that eight million were using it regularly. In 1967 a Gallup survey showed 5 percent of all college students had tried marijuana; by 1972, a similar survey reported 51 percent of all college students had tried it. Both sets of statistics showed an increase but no one knew if this was due to an actual increase in use or an increase in people's willingness to be truthful.

At first the problem seems to reside with the availability of marijuana, and many people feel that elimination of the drug would eliminate the problem. Not so, the problem is the person. Marijuana smokers tend to be users of other drugs too. According to a 1967 Special House Committee on Narcotics report, alcohol drinking, cigarette smoking, and marijuana smoking go together. Of those youths surveyed, twenty-four percent of the cigarette smokers also smoked marijuana while only 5 percent of the non-cigarette-smokers had tried it. Of those students who drank alcoholic beverages, twenty percent had also smoked marijuana, in comparison to 1.6 percent of the non-drinkers (Brecher, 1972).

Smoking marijuana does not mean abuse, however; not all marijuana smokers become "potheads", anymore than all alcohol drinkers become alcoholics. As with the use of any drug, effect and dependency are functions of the individual personality and related environment. As Dr. Yolles pointed out to the Senate Judiciary Subcommittee, about sixty-five percent of the marijuana smokers discontinued the use after experimenting from one to ten times, twenty-five percent continued to use it socially, and ten percent became chronic users (Yolles, 1969). The point established is that most people will discontinue use if left alone.

This data is not meant to negate the fact that there are some real dangers of misuse and abuse of marijuana. By 1969 some one million people in the United States had become chronic users of marijuana. Extrapolated from these estimates, 1972 should see this number well over two million. And though marijuana has not been established as a cause leading to heroin addiction, it does seem to play a substantial role in initiation to the more potent hallucinogens such as LSD and the psychoactive drugs like "speed" (Hyde, 1972).

Yet chronic use is not the real danger. Chronic use is an outcome of the underlying problem, acceptance of drug use as a means of solving problems. Whether the drug is marijuana, alcohol, nicotine, caffeine, or a prescribed psychoactive pill, is immaterial. What is of prime significance is that use of a drug to solve a problem, relieve anxiety, or produce a "high", reinforces an illusion that states of consciousness and solutions are produced from external reality (stresses or drugs) rather than through internal process (self). The drug becomes an escape hatch, a scapegoat. It keeps people from dealing with situations creatively, and this keeps them from developing their highest potentials (Weil, 1972). When drug use becomes a life style, largely negating the possibility of positive change, the person is defined as an addict.

In the public's perception, the term "addict" is most often associated with heroin. Heroin is to illegal drugs what alcohol is to legal drugs, a symbol for human waste. Heroin is such a symbol because it is not just a mind-affecting or mood altering drug; it is also a drug that captures and controls the addicts's total existence. As stated by Brecher, an effective cure for heroin addiction has not been found, neither gradual or rapid withdrawal, drug sanitariums, long terms of imprisonment, the Lexington program, the California program, the National Addiction Rehabilitation Administration program, Synanon, nor any other therapeutic community. An effective cure has not been found because heroin really is addicting.

Heroin addiction is not controlled, nor does there seem to be "an answer", or even a workable number of possible answers. Heroin addiction is, in fact, increasing. In 1969, computations from the death statistics related to heroin, indicated that there were about 200,000 addicts (DuPont, 1971). By 1971 the number estimated by the National Institute of Health was 250,000 (Ray, 1972). And by 1972, the National Institute of Drug Programs reported the Bureau of Narcotics and Dangerous Drugs figure for heroin addicts at 560,000 (National Drug Programs, 1973).

Heroin is becoming a national concern, but not just because numbers are increasing. Heroin addiction is reaching home, anyone's home. In the past, most people associated heroin abuse with the lower socio-economic environment or slum areas. People could ignore the problem; the problem was "out there" somewhere. Since it was away from home, simple solutions of increased law enforcement and stiffer penalties were supported as a means of control. Many people found it easy to rationalize sending others to jail, until it hit home. More recently heroin has become a white middle class drug too (Shephard et al., 1971). Sending one's own child to jail no longer appears either an appropriate or an easy solution. And making the problem even harder to ignore, heroin has become a teen-ager's drug. In New York City, the major center for heroin use in this country, the Board of Education reported 22,000 heroin users in the public schools. One eighth grade had to be completely closed due to illegal drug traffic and use. Heroin use, in that city, now kills more teen-agers than anything else, including automobiles.

Half of the deaths attributed to heroin addiction in that city are of individuals no older than twenty-three (Ray, 1972).

More and more, people nationally and locally are seeking better solutions to the heroin abuse problem. Quick solutions are being demanded, which no one can produce. It has taken centuries for the problem to develop; it may take the same amount of time to solve it. The drug is not the only problem; it may in fact be only a part of the problem. People, acting out of need, avarice, ignorance, and outright unconcern for their fellow man, have created this problem. It is people who must change in order to create a solution.

Heroin provides a perfect example of how people can inadvertently create a drug abuse problem. In 1850-1860, opium was introduced into the United States on a fairly wide scale through the importation of Chinese brought here to work as cheap labor building railroads and mining gold. By 1875, after public outcry over the increasing number of young men and women being "morally ruined", state laws were passed to outlaw "opium smoking dens". This expedient solution of passing laws failed however, and the increase of dens continued. The media presented the problem nationally, and again public outcry demanded immediate resolution. Congress, following the failures of the states, raised tariffs on opium in 1883, prohibited the weaker opium from being imported in 1887, prohibited the Chinese from importing opium altogether and passed a law that only American citizens could manufacture "smoking opium" in 1890. Finally, in 1909, after a sevenfold increase in opium smoking had developed, the importation of "smoking Opium" was prohibited altogether. When none of these measures worked, Congress in 1914 passed the Harrison Narcotic Act.

Meanwhile, the patent medicine industry had begun to use opium as a cure-all in its tonics. Due to the profit motive, improper governmental regulations, a low level of medical education and treatment availability, and widespread prescription of opium, by the early 1900's this country had developed a major opium addiction problem. The drug was available everywhere, despite the tariffs. Opium had only shifted, from the smoking den to the doctor's office. According to a 1918 government report, the physician and the patent medicine industry became a major cause of addiction in persons of "good social standing" (Ray, 1972).

Upon this scene entered heroin, hailed by the patent medicine industry as a non-addicting substitute for opium and morphine. Discovered in 1874 by Bayer Laboratories, heroin had been studied, and reports stated that tolerance and habituation were only minor problems. Marketed in 1898 by the same Bayer Laboratories, it became an answer to the opium problem, one drug to replace another. Through widespread prescription and use, over 200,000 people had become addicted before the Harrison Narcotic Act and subsequent court decisions made possession of heroin a crime. Overnight, what had become a way of life for many people became illegal (Ray, 1972). This country has never undone that damage.

Solving the Drug Problem Nationally

Until the Harrison Narcotic Act and numerous court decisions ensuing from its application, the heroin user was normally seen as a victim of the drug, much as the alcoholic is seen today. In 1915 a United States Supreme Court decision made it a crime to possess smuggled opiates of any kind. Unless the opium user could obtain the drug from a physician, he or she was a criminal. In 1920 and 1922, the Supreme Court made it illegal for doctors to prescribe these drugs for an addict unless the addict was institutionalized and withdrawal being initiated. These two decision were later reversed in 1925, but the effect had already taken its toll. The opium or heroin addict was no longer a victim but had become a criminal. To further exacerbate matters, in 1924 importation of heroin, even for medical use, was made illegal. The addict now had no place to turn, except to the black market.

No longer protected by the food-and-drug laws which had previously controlled contamination and adulteration of market drugs, further quality deterioration ensued. People had stopped caring. The heroin addict had become a social outcast. The channels of communication and understanding had, for such pariahs, always been closed.

Labelled a criminal, the addict was made a sacrificial victim by society. Stiffer law enforcement was recommended on the state and national levels; and by 1970 over fifty-five federal drug laws had been pased to supplement the 1914 Harrison Act. The penalties for narcotic offenses were increased from a maximum of two years imprisonment during 1909 to life imprisonment or death sentence in the 1950's. Later amendments mandated minimum sentences equalling the previous maximums. In Connecticutt, life imprisonment was a mandatory punishment for the third offense, even if all three were merely for possession of a narcotic, even marijuana. In New York, it became illegal to possess a hypodermic syringe or needle which could be used for administration of narcotics. In other states it became a crime simply to be an addict; whether the person possessed a drug or syringe was immaterial. The whole process became such a witch hunt that in 1962 the Supreme Court called a halt, ruling imprisonment for merely being an addict to be cruel and unusual punishment prohibited by the Constitution. State legal systems persisted, finding alternative methods of arrest by confining addicts in rehabilitation centers through a civil commitment process. The federal system persisted too, obtaining by 1970 through the Nixon administration such methods as the "no-knock law" and special "night-time warrants" (Brecher, 1972).

The emphasis on law enforcement did not stop narcotic addiction and may have caused only more damage to the addict and the society than might have been sustained had there been fewer controls and more emphasis on prevention, treatment, and rehabilitation. For example, Dr. George Stevenson, in a 1956 British Columbia study of narcotic addiction, stated he could find no evidence of organic disease resulting from continued use of narcotics although psychological and social damage was evident. Dr. Harris Isbell, a director of addiction research, confirmed these findings for morphine in 1958. And in 1967, Dr. Vincent Dole, a specialist on human metabolism, reported that he found cigarette smoking to be unquestionably more damaging to the human body than heroin (Brecher, 1972). All these studies point out that the major deleterious effects associated with heroin addiction are not caused by the drug per se, but by the life style of the drug addict. This style has been directly and adversely influenced by the legal system that defined the addict as a criminal.

Stigmatized as criminal and left to obtain narcotics only through illegal means, have borne out a self-fulfilling prophecy, and many addicts turning to crime and the black market. Estimates reported by the President's Strategy Council on Drug Abuse in 1975 place the annual crime cost from property loss at 6.3 billion dollars. Given an annual average of 380,000 addicts between 1969 and 1971, each purchasing forty milligrams of heroin a day for twenty dollars, over 2 billion dollars a year has gone into the black market to buy illegal drugs; this amount is twice the amount spent in 1974 by drug abuse programs to find a solution to the drug abuse problem (excluding alcohol).

In contrast to this desperately illogical state of affairs, the British treatment and heroin maintenance system provides an alternative approach for comparison. In the British system an addict can legally obtain heroin or morphine by going through proper channels. Heroin addiction is treated as a medical problem rather than a criminal one, and emphasis is placed on medical treatment by professionals rather than law enforcement. Only specially designated doctors in clinics may treat addicts, and withdrawal is encouraged, although the choice remains with the addict. Effort is placed on defining the addict as a person.

The British system was designed during the same years that the United States was emphasizing the criminal nature of the addict (1912-1925). The British system established a committee in 1924 to thoroughly investigate alternatives for dealing with the addict. This committee concluded that morphine and heroin should be administered to the addict during treatment by withdrawal, or if attempts at cure had proven unsuccessful and dangerous, or if the addict was leading a respectable, normal life while maintaining a minimum dosage and showed incapability of doing so when the drug was entirely discontinued.

The concern of the 1924 Rolleston Committee was to help the addict receive treatment and maintain a normal life. In consequence, drug associated crimes did not become epidemic in Britain as they did in the United States, chiefly because there was available heroin at legitimate prices. The black market was unable to establish a strong business foothold since it could not compete with legitimate drug prices. Both the individual addict and society benefitted.

As with all programs like this, some cases of misuse did occur. In one situation a medical doctor was found to be prescribing sixty percent of the yearly heroin, in extremely large dosages. Some addicts were receiving these doses and sharing them with friends, thus nurturing more addicts. Hence, in 1964 a committee recommended revisions, and laws were passed to organize treatment centers. It was only at these centers, by authorized doctors, that heroin could be given. Notification and registration of addicts were made more stringent, and thorough investigation was required where addiction was in question.

In 1968, seventeen such clinics existed. The average number of addicts treated remained around 1,400 (approximately half of these were on methadone). Even when the peak statistics for 1969 of 2,800 addicts are used, the total is surprisingly low per capita. The Great Britain per capita ratio of addiction is about 1 person per 3,000; the United States ratio is about 1 person per 500.

The American treatment system during 1912-1924 also began making ventures similar to that of the British system. A small number of clinics (44) were opened throughout the country, dispensing heroin, morphine, or a prescription to obtain these drugs (Brecher, 1972). Most of these clinics were equivalent to the British system in success, especially at first; and, as in the British system, some of the drugs were being over-prescribed and used to supply outside addicts. In contrast to the British procedure though, no committee was formed in order to correct these mistakes. Instead, through a combined effort by the Narcotics Unit of the Treasury Department (later to become the Federal Bureau of Narcotics) and news media, these clinics were closed down. The addict was forced back into the black market and illegal drug traffic spiraled.

Later proponents of legal heroin (1936-1965) tried to bring the clinics back into operation but generally failed. Most advocates for addiction treatment had learned already that heroin maintenance would not be acceptable in the U.S. and something else would have to be done. The answer, methadone maintenance, was established by Drs. Vincent Dole and Marie Nyswander. Methadone did not need to be injected, it was inexpensive, and it was addicting. It also tended to block the effects of heroin and stave off withdrawal trauma. Methadone offered the addict a legal course of action, allowing him or her to begin leading a socially sanctioned existence.

By 1971, the number of addicts on methadone maintenance was 25,000, with an expected increase of 50,000. An unofficial newspaper report stated that that there were 75,000 addicts in methadone treatment during 1974. Combined with rehabilitation and counseling, these programs have shown some positive results. One five year New York study on 1,230 patients revealed an increase of employment from 33 percent to 64 percent. A summary of methadone maintenance programs in 1970 stated that eighty percent of the patients who started methadone maintenance remained in the program, free of dependence on other opiates, and that most of these people had resumed productive lives (Kramer, 1970). The results are not conclusive and further research, especially longitudinal, must be carried out. Nevertheless, in contrast to the failure of most other heroin treatment programs, with recidivism rates of up to ninety percent, methadone does show some promise.

Extinction. Methadone maintenance does not extinguish the addict's drug use; it simply substitutes one form of addiction for another, simply the lesser of two evils. Other programs have been tried and are still the focus of major emphasis in drug treatment. These programs strive to extinguish the drug abuse behavior completely. The only flaw in them is that they simply are not effective enough to stop the problem nor even curtail it. This has been demonstrated by the law enforcement approach, which tries to extinguish drug addiction or abuse through punishment and regulations. It has also been made abundantly clear in the multi-million dollar programs for rehabilitation in Lexington, Kentucky, and Riverside, New York, where eighty percent or more of the addicts treated were found in prison, hospitals, or on the streets again within three years (Brecher, 1972).

Heroin is not the only addicting drug however, witness our hordes of alcoholics. Alcohol and barbiturate abuse establish addictions which are often more deadly and severe than heroin. In Great Britain for example, where heroin addiction is at a peak level of 2,800, there remain 250,000 alcoholics (Report Series, 1973). Numerous clinics and programs have tried to find suitable approaches to solve these abuse problems, for the numbers of people abusing these drugs are increasing.

At issue, with respect to these extinction programs, is not the fact that they are failing completely, they are not. The issue is again people, including the addict. When the addict comes into these programs motivated. requesting treatment, chances are favorable that something can be done to help. The problem is that many people simply do not want to be rehabilitated, or if they do and can be, they cannot maintain the new life style in their old environments. As in counseling, often what the addict (neurotic) is seeking is not a cure but a way of being more content and happy with being an addict (neurotic). Drug use and abuse is a national problem because people enjoy the effects of drugs. This was especially witnessed in the Prohibition era when the government tried to control alcohol abuse with the same approach used for heroin addiction. Prohibition did not work because a large number of people wanted to drink alcohol and would do so at great risk to themselves and society.

When the decision to stop drug abuse is made consciously and total commitment by the individual is when he or she can be helped. Until the addict's decision is made to alter a chosen self abusive life style, most programs remain unable to rehabilitate, and can at best only contain the problem (e.g. methadone maintenance). When this decision is made, often no program is needed; spontaneous extinction may occur. This happens with heroin addiction in both the United States and Great Britain, usually when the addict is in the late twenties or early thirties (mostly among males) This may be attributed to physiological changes or stabilizations. Today, half of all addicts are thirty or younger; this means that most addicts started in their teens or early twenties. And this age correlates with the time of physiological upheavel in adolescence and puberty. As this period

period passes, varying in length for each individual, the inner stress (psycho-physiological) lessens and heroin abuse may spontaneously subside.

Quite possibly, in these cases, heroin sublimates the sexual drive, acting as a substitute for pleasure and release. For example, in order for vasodilation of the genitals to occur, the autonomic nervous system, specifically the parasympathetic division, must be excited. This creates a state of sexual readiness, producing a pleasureable feeling in itself (much like methadone does for the addict), but does not produce the euphoric peak of an orgasm. In order for an orgasm to take place, the sympathetic division of the autonomic nervous system must be triggered. This produces an orgasm much like the explained heroin "rush" associated with an injection.

The heroin addict decreases his sexual drives in two ways: (1) he stimulates sexual readiness and orgasm through the use of heroin, and (2) he reduces sexual tension in consequence of his addict life style. When the physiological imbalance has passed (usually in the late twenties or early thirties), the need for heroin is reduced and extinction takes place. This assumes however that the social environment has not placed the addict in a rigidly-defined position. If by this time, he has become characterized as valueless in our society (labelled as an addict or convict rather than a person), little chance remains for spontaneous extinction. These and other environmental factors must be considered for each individual, not after cure has begun, but before an ill-conceived approach to solving the problem does more damage than can be eradicated.

This brings society as a whole into focus, and the general attitude of people toward drug use. According to the statistics compiled thus far in this report, drug use to alter mind and mood is generally acceptable. Many people, when they feel anxious, tense, unhappy, overactive, underactive, depressed, troubled, or bored, use a drug to relieve the symptoms. Drugs provide a solution, and for that they are willing to pay the price. Each time a drug is used to ease the psychological pain or crisis, the propensity for seeking external support or solution is reinforced. People begin to rely less on self, and they model that same behavior to others, especially their children. These actions deny the person the possibilities that might have developed had the facile answer of drug use not been accepted. Drug use becomes a response, a habitual way of coping with the environment, and when a true existential crisis does come, the self-strength required to deal effectively with it is not there. Drug use easily becomes abuse.

Abuse simply means to cause physical or psychological injury. What some people label drug use is often abuse. Over-the-counter and prescription drugs (today's patent medicines) account for more victims than cancer of the breast, rank among the top ten causes of hospitalization, and interfere with proper diagnostic testing and treatment to such a degree that the patient's health is impaired or worsened (Orenstein, 1975). Aspirin alone poisons almost 13,000 children under the age of five each year; of these about 100 die (Ray, 1972). Yet people continue to abuse these drugs. The gross income for the businesses that provide these drugs in 1972 was over 14 billion dollars.

Drug use is a national norm, and anyone who deviates does not fit. There are a few alternatives available for the person who wants to find other ways to change mood and alter consciousness. There are less alternatives available for those who would choose to use drugs as a life style. These reasons alone make the extinction approach untenable for solving the drug problem.

The educational approach. In this society, a major concern in defining drug abuse is the pseudo-distinction between temporary use that solves a temporary problem and prolonged drug use which leads to habituation-abuse-addiction. This has been the idea behind much of the educational effort to solve the drug abuse problem. It was originally hoped that with knowledge about drugs, effects, and consequences, people might make better choices and abstain from experimenting with addicting drugs. The educational effort was usually undertaken in a classroom, and was aimed primarily toward adolescents and older children. The approach focused on youth for two reasons: (1) knowledge worked best in helping guide future choices, not in correcting earlier ones, and (2) knowledge alone seldom helped extinguish an already established drug use or abuse behavior.

The inability of knowledge alone to extinguish drug abuse behavior is evident with nicotine habituation-abuse. The same applies to heroin, alcohol, and barbiturates. People can know the possible negative consequences, fear them, yet still abuse the drug. The same applies even more so to the non-addicting drugs such as marijuana. Knowledge per se does not change an established drug use behavior, especially the knowledge being used by most educational approaches to date. Over 2,000 films and 800 writings in this field have been examined by the National Coordinating Council on Drug Education. One third of the films and published matter contains so many errors that it is classified as scientifically unacceptable. The council could recommend only thirteen films and possibly thirty pieces of literature; the rest do more harm than good. After a year-long study, the National Education Association has made these comments concerning the materials used in the educational-prevention field: (1) the greater percentage of existing programs are superficial and educationally poor, (2) false statements made by misinformed or uninformed educators in these programs may have contributed to an increase in drug usage, (3) educational money is being wasted on poor materials and misinformation, and (4) using false, poor, emotionally oriented, and judgmental materials is more harmful than using no materials at all (Drug Program Review, 1973).

Not only were the programs ineffective, they were also making the drug problem worse. Research began noting that the educational efforts were helping people make future choices, but that these choices were toward more use and potential abuse rather than less. As one overview on educational-knowledge prevention programs put it, the more knowledge people possessed about drugs the more their attitudes favored drug use (Walter, 1974). These efforts at overt persuasion were not working as hoped. Some schools and programs gave up; others tried new approaches.

One alternative educational approach tried combining a more open classroom format with discussions related to values and attitudes. The design was to be student-centered and directed, rather than wholly teacher conceived. Rather than being talked down to by an instructor, the students were beginning to share in the classroom process, at least in discussion. This provided for exploration of decision making skills and supportive reasoning. But as research soon discovered, the values the students voiced were not always the values they expressed in real action. Students were mimicking values that they felt others would approve. They were not being open and honest, but then neither were their teachers and educational programs. In context of purported decision making free scope, students still were precluded from deciding who taught the class, how the class was designed, how to find their own information or do their own research, or how to make actual life choices in the here and now. The students were still not "doing" but were being "done to", guided toward making choices others hoped they would make. Focal awareness, through data and discussion of values and decision making processes, informed the student that he should make certain choices. Subsidiary awareness, through being "done to", informed the student that he was capable of not really making a choice and directing his own life. Answers still came from "out there", not from self. This not-too-subtle manipulation masquerading as a method of enhancing choice and freedom, was passing the same message that drug use modelled.

The educational approach did however help bring forward the question of preventing drug use and abuse. People began asking for tangible results from programs, not just emotional enthusiasm. Research was demanded to demonstrate effectiveness; and research disclosed that the results were not always encouraging. What came to light was that no one really knew how to extinguish or prevent drug use or abuse. Little longitudinal research of validity was offered, and not even the experts seemed to agree. But people did not want to wait. Their children, parents, or friends could become addicts before help was available; they wanted to stop the problem before it started. Prevention became an important concept.

Prevention. Three types of prevention are recognized: tertiary, secondary, and primary (Caplan, et al., 1967). Tertiary prevention is amelioration of an established disorder and restoration of equilibrium in the person who is in crisis. Often this means continuous or intermittent help throughout the person's life. This is the approach presently being used by most mental health and help clinics. It is very similar to extinction, if not the same. People come to these agencies because they are unable to cope with the problem. They are in crisis and despair. They are seeking a "cure" that is much like arresting or terminating an illness, rather than like attempting healthy growth.

Secondary prevention is similar to tertiary in that amelioration and restoration of equilibrium are emphasized, however earlier diagnosis, case finding, and intervention are prominent features too. The concern is to bring the disease or disorder rapidly under control, preventing any major negative impact on the sick individual. Most non-crisis preventive efforts in mental health are of this type. Mental health, though a more pleasant euphemism, is still a misnomer in reference to contemporary clinics, since the focus remains on preventing mental illness rather than enhancing health.

Primary prevention is anticipation of disorder and disease before it has become manifest in any way. It is the ideal model for assuring mental health, since a shift in thinking is implicit from a focus on disease or prevention of disease to one of enhancing health. Primary prevention is a method of assessing the environment to determine the stresses and negative contingencies, the positive resources, and then developing alternatives which will enhance normal healthy growth. To do so requires an awareness both of factors which contribute to mental health and normal development and factors which contribute to disease and crisis. And finally, in conjunction with assessment and widespread intervention through presenting alternatives, primary prevention requires extensive research, especially in the form of longitudinal follow-up.

Primary prevention has implementation difficulties not similar to secondary and tertiary prevention. Most of these difficulties stem from the inability of conventional diagnostic and treatment methods, which work with established disorders and crisis, to provide reliable methodologies. These difficulties must be overcome. Primary prevention is needed, especially in such areas as juvenile delinquency and drug abuse, where established diseases exceed the ability of secondary and tertiary methods to deal effectively.

This need to prevent the problem before it is established can be seen locally in the Jackson County Juvenile Detention Home report of 1973 and the aforementioned drug use questionnaire of April, 1973. According to the JDH report, there were 131 delinquency and home involvement cases in one year for the combined ages ten to eleven. The case load for twelve year olds that year was 131 cases (an increase of 100% from ten/eleven to twelve). In the thirteen year old bracket, there were 274 official and unofficial cases (another 100% increase). In the fourteen year category there were 344 cases; at fifteen years it was 455; and at sixteen years it was 536 cases. Between the years twelve and sixteen, there was an increase in caseload of 409 percent, and between ten/eleven and sixteen years a possible increase of 827 percent.

Responses to the drug use questionnaire revealed a similar increase in problem behavior when data for 7th gaders to 12th gaders were compared. When the question "Which drugs have you used?" was asked of 7th graders, "Never" replies included: beer 41%, liquor 65%, marijuana 89%, hashish 94%, opium 98%, amphetamine pills 90%, barbiturate pills 90%, LSD 93%, mescaline 93%, and injected heroin 98%. In the 12th grade similar "Never" responses were: beer 32%, liquor 38%, marijuana 55%, hashish 72%, opium 91%, amphetamine pills 79%, barbiturate pills 87%, LSD 87%, mescaline 81%, and injected heroin 96%. Thus between the 7th and 12th grade increases in reported drug experimentation and use were: beer 9%, liquor 27%, marijuana 34%, hashish 22%, opium 7%, amphetamine pills 11%, barbiturate pills 3%, LSD 6%, mescaline 12%, and injected heroin 2%.

What this data indicate is that as the age level increases so does drug use and the number of problems reported. As the cases continue to increase in number, available guidance or assistance becomes more burdened. At least 12 percent of all young people are likely to be referred to the juvenile courts before the end of adolescence; many of their problem behaviors actually started during middle childhood (Mussen et al., 1974). Possibly by starting at earlier age levels, 10 to 12, many of these problems could be prevented before they became an established disorder. This, in turn, would provide a healthier environment for other children and establish a positive attitude toward mental health. This is primary prevention.

Question 2: Is drug abuse predictable?

Presently, an effective method of identifying people who will resort to drug abuse as a life style does not exist (Kohlberg et al., 1972). If such a method did exist and if the same reasoning used to solve the heroin problem were applied to preventing future drug abuse, potential risks and damage to individuals, hence to society, would far outweigh the possible gain. Pursuing this line of reasoning, the person who could not control self and might allow self to be controlled by drug abuse, would instead become controlled by others. Support for such an approach would be provided by statistics pointing out the billions of dollars purportedly saved and the numbers of people "helped". Prediction of mental disease would become a covert mechanism for taking away individual rights. for the "good of the individual and society". Happily, no such method or tool has been devised to effectively predict drug abuse, especially to a degree which might justify such social control over selected individuals.

The witchhunt for heroin addicts by state law enforcement systems, which has finally been ruled unconstitutional by the U.S. Supreme Court, has nevertheless afforded us a preview of the potential dangers inherent in this area of drug abuse prevention. The present social system in this country is not inclined to understand, or even tolerate, certain "anti-social" deviations. People whose behaviors lie outside the pale, so to speak, of what is broadly sanctioned are easily labelled "abnormal" and are treated accordingly. The labelling process in itself may produce irreparable damage. Such was the case with one prevention program conducted in Pennsylvania, later ruled by a federal judge to be unconstitutional (PhiDelta Kappan, January, 1974).

In this, the Merriken vs. Cressman case, the prevention program had been designed to aid local schools by identifying and intervening in the lives of potential drug abusers, training personnel, and evaluating results. This "Critical Period of Intervention" (CPI) program was designed for eighth graders. It claimed an ability to identify behavior patterns similar to those of marijuana, LSD, barbiturate, or amphetamine users through the use of test questionnaires filled out by teachers and students. Neither student nor parental consent for participation was obtained, and the collected data on individuals was made available to teachers, superintendents, principals, counselors, coaches, social workers, PTA officers, and school board members. In short, there were no provisions for adequate confidentiality. Some of the dangers discussed in the hearing were: self-fulfilling prophecy (the child becomes what he is labelled), scapegoating (the child is unpleasantly treated because he does not cooperate, or he is negatively labelled), and loyalty conflict (the child is confused about being honest with his answers about family questions). The judge ruled the program unconstitutional because it invaded the rights of parents and children. He stated that as the program stood, the individual lost more than society could gain in the fight against drug use/abuse.

False Assumptions of Predictability.

Much of the justification for predictability derives from present concepts of mental health (still perceived more often than not as manifested as mental illness or disease). Further, competition for limited research funds abets the tendency to make hasty claims for predictability. By focusing on the area of abnormal or deviant behavior, claimants find research support to demonstrate the need for special programs. Those who describe an especially high level of need, extremely prevalent deviancy, or an apparently workable approach, usually obtain the funds. Such prevention programs are frequently based on four major assumptions: (1) childhood characteristics or traits are relatively crystallized in early school years, (2) children with poor adjustment characteristics are likely to evolve into disturbed adults if not treated, (3) children are more amenable to therapeutic intervention, since their behaviors have not been stabilized, and (4) treatment will prevent later disturbances.

The fallibility of these assumptions is that their validity in all areas of human development simply has not yet been demonstrated. The assumption that treatment will prevent later adult disturbances has not been verified. The required research has not been done. Service programs are infamous for processing numbers of people, but when asked who or whether the program has actually helped these people, they offer little follow-up and made available even less data. This is true in the drug rehabilitation programs in which large masses of people were tallied as having been "treated", thus claiming justification for further funding. When one large group (247) was later followed through in one hospital program (Riverside), only eight people remained alive, unaddicted, unimprisoned, and unhospitalized three years later (Brecher, 1972).

The same putative certainty of effect, and related justification based on numbers treated, is characteristic of psychotherapy as a whole. Research reviews by Levitt (1957, 1963) and Lewis (1965) indicate that little hard evidence is found to support the view that clinically treated children are helped any more than children in a control group who are not treated. For both groups, control and clinic-treated, two-thirds to three-quarters get better. Whether they receive treatment or not does not matter in most cases.

This spontaneous improvement of children (and other people with problems like drug abuse) points out the possibility of improper diagnosis and the inherent risk. The forementioned children had all been diagnosed and labelled as needing treatment, yet two-thirds to three-quarters of them improved through the process of natural development. Had they been placed in a program which did not enhance this natural developmental processes, or a program that actually thwarted normal development, these children might have done worse rather than better. It is alarming to note that in many cases the program would have had no research or feedback systems through which to become aware of these errors. Still worse the child might have been further labelled as an incorrigible.

The assumptions that childhood personality characteristics are crystalized, and that children with poor adjustment behaviors are likely to grow up distorted if not treated, have not been demonstrated to be universally valid. Nor is the assumption that the child is more amenable to therapeutic intervention than an adolescent or adult. In therapy, there is not a clearcut difference between the ability and the willingness of a child or an adult to deal with problems. The issue is more one of readiness and availability of time or resources. Certain difficulties during childhood cannot be resolved until the child's maturational level is equal to the task. Physically, a child cannot learn to walk until his psycho-physiological system has developed adequately. Mentally, a child cannot learn to be independent until self has developed adequately. No amount of practice or therapy will help until the child is ready and feels a need for independence. In contrast, most adults have reached a maturational level adequate for the task. Motivation and personal limitations are the issues rather than readiness.

There are critical periods in childhood development during which the child seems particularly amenable to certain influences. After these pivotal periods, it appears more difficult to produce equally beneficial effects. It is in such a period that the child may need more attention or support in order to overcome negative influences, e.g. the typical "eighth month anxiety" phase shown by infants. It is also at these times that the child may need positive input or alternative resources in order to develop optimally. Critical periods are not points of fixation or negative behavioral habituations. They are just the opposite, being phases in development that provide opportunity for maximizing human potential and growth.

Self Fulfilling Prophecy.

An important issue when predicting negative outcomes is the erroneous belief that psycho-social maladjustments are of a medical-allopathic nature (Weil, 1972). Prediction becomes a means of pre-testing illness by counteracting symptoms present within the child. To counteract these symptoms allopathically, tiny doses of "medicine", information, value-discussion, and therapy are dispensed to stimulate the child to react against the potential illness. Homeostasis is restored and the child has become innoculated. In doing this however, the child and homeopath have both focused on the symptoms, the problem to which future diseases like drug abuse are allegedly due. The child is told he needs help or guidance and that the homeopath has the ability to solve the problem. The child is defined by others and self as a failure and a potential drug abuser. He becomes anxious and afraid, not wanting to become "sick". In his fear, the child pays more attention to the symptoms, anxiety is further reinforced, and a self-fulfilling prophecy is established (much like the medical student syndrome in which a person begins having all the symptoms of diseases studied). The child becomes subsidiarily aware that others are defining him as incapable of solving the problem. He begins to depend on the answers of others, looking for the "right" way of behaving and thinking. He comes to believe that experts and external sources can solve his problem. What is done in the name of prediction and prevention becomes the drug problem.

Predictive Research Designs.

Prediction entails serious risks, and as in the Pennsylvania federal court case, risks to the individual must be examined against the potential social gain from preventing drug abuse. It is especially important to examine each claim of predictability and to demand that adequate research be conducted to substantiate or refute these claims. It is important to be patient and persistent, to realize that the drug abuse problem has developed through centuries of ignorance, and that overnight answers just will not do. A long-term commitment must be made with long-term follow through.

This commitment is especially necessary in research of prevention and prediction. Many of the erroneous assumptions in these fields are based on short-term research experiments that do not have the validity of a life-history research design. This becomes clear in analysis of follow-back and and follow-up research design (Kohlberg etal., 1972). Follow-back research is designed to select certain types of adult adjustment or maladjustment outcomes and analyze adolescent/childhood records to identify traits or symptoms associated with these outcomes. Follow-up research selects types of children (or children in general) and follows them into adulthood to determine outcomes.

Follow-back research does not normally provide knowledge usable for individual prediction of adult outcome form previous childhood behaviors, yet much of the data claiming predictability is based on this very same sort of research. Such predictions are given in the form of a statement of probability that asserts that children with given characteristics will display certain adult outcomes significantly more often than others who do not have these childhood characteristics. This data is considered valid by virtue of the fact that certain childhood to adult behavioral connections have been found predominant in an experimental group as compared to a normal base rate or control group. An example of this is a follow-back study which claimed that truancy constituted a predictor of alcoholism (Kohlberg et al., 1972). Follow-back analysis indicated that seventy-five percent of all the alcoholics studied were preported as former truants, in contrast to a twenty-six percent truancy incidence among psychiatrically healthy individuals. This difference was statistically significant, so truancy was considered predictive of alcoholism. In later follow-up studies however, only eleven percent of the children who were truant were subsequently diagnosed as alcoholics, compared to eight percent of the children who were not truant being later diagnosed as alcoholic. Even when this follow-up study determined the eleven percent to be significantly different, it did not make truancy a useful predictor. The risk of individual loss from stigmatizing truants as potential alcoholics still outweighed the possible social gain.

Erroneous predictive claims are often derived from other designs also, designs like the concurrent study. This study contains two kinds of information concurrently and compares them for significant correlations. One such popular test is the Strong Vocational, which compares scores of a subject's interests in various vocations with the scores of individuals who are acknowledged successes in that field. If the scores tend to correlate, the subject being tested is said to have similar interests. This concurrent correlation between two measures, however, is not by itself firm evidence of predictability. The subject may change in time, so may the vocation. Follow-up is required in order to support or refute the assumed stability of interests and traits (Strong did a follow-up for twenty years or more).

One concern with concurrent studies is that an assumption of stability and validity is made, and is often not clearly stated as an assumption. People begin believing in the tests before long-term follow-up research has been accomplished. Used to make predictions, these tests may be damaging. One such example may be seen in the Minnesota Multiphasic Personality Test, which in one study, of the concurrent research design, was used to determine predictability of schizophrenia in high school students. MMPI test scores of hospitalized schizophrenics were compared with other patients and normals, yielding a Schizophrenia Scale for prediction of schizophrenia. In follow-up research, however, high school scores on this scale turned out to be negatively predictive of schizophrenic outcome, just the opposite of the stated assumption.

Had these researchers claimed predictabiltiy and established programs to prevent schizophrenia among high school students, the cost to individuals might have outweighed the social gain. "Experts" would have labelled normally healthy high school students as potentially schizophrenic and might have created a special curative program that at best would have done little good, and at worst would have made the students feel very unhealthy.

The real benefits of follow-back research and concurrent studies such as these are heuristic. These tests illuminate possibilities and questions which excite other efforts in the field. They give support and justification for follow-up longitudinal studies. The danger in follow-back and concurrent studies is that they are often used as proof of predictability and as justification for funding prevention programs like the one in Pennsylvania.

The Continutiy of Personality Adjustment.

To further complicate the understanding of the prevention field, there are not only follow-back, follow-up, concurrent, and other research designs; there are also three separate theories normally used to explain the continuity of personality development and to justify claims for predictability. These three theories are: trait stability, stage-sequential developmental invariance, and idiographic stability (Kohlberg et al., 1972). In trait stability a correlation is examined between an adult behavior, personality trait, or symptom, and a similar childhood behavioral trait. Trait stability is found predictive primarily in the area of temperament (genetically linked style of response to stimuli) and age developmental trends of adaptive significance. The best known and established of these traits is general intelligence or I.Q. Invariance of stage-sequential development is based on the assumption that personality development occurs as an orderly sequence of changes, with earlier points being related to later adult stages. In short, early experiences determine the sequence of developmental changes which are cumulative and irreversible. The stage approach is used chiefly in studies of ego, moral, and cognitive development. Idiographic stability studies the organization of traits and behaviors in an individual, focusing on the individual style or manner of expressing these traits. This approach recognizes that individuals have certain psychological characteristics and behavioral mannerisms which are unique and are discernible from early childhood through adulthood. After examination of idiosyncracies of the total person responding or acting in various situations, prediction of adulthood behaviors is assumed possible for later similar situations. This method is used mainly in studies of behavioral-learning and personal-perceptual development.

Positive Predictability.

Given this minimal background in research design and assumptions about personality development, the question of predictability, especially for drug abuse, can be re-examined. Even though no clear-cut method of predicting drug abuse as an adult outcome of certain childhood behaviors exists, there is yet one way of employing the concept of prediction in primary prevention. But this requires a shift of perspective and a measure of rethinking.

Prediction may not be possible from childhood to negative adulthood outcomes, but it may be possible from childhood to positive adulthood outcomes. That is, it may be possible to efficicently predict health even though prediction of disease or abuse is thus far not feasible. What would be examined in primary prevention would not be the negative symptoms or developmental problems, but instead the presence of various forms of competence and maturity.

In considering delinquency, adolescent nondelinquency is found to be an almost perfect predictor of adult noncriminality, while serious adolescent delinquency is only a moderate (twenty-nine percent) predictor of adult criminality (Glueck, 1966). Predictability of positive change is also more accurate than predictability of negative adulthood outcomes. In children referred for school misbehavior, ninety-five percent werecorrectly predicted to have no later delinquency, while only thirty-six percent of the children predicted to have later delinquency were identified correctly (Tait, Hodges, 1962). What these studies point out is the fact that nondelinquent children usually remain nondelinquent, and delinquent children may become nondelinquent through normal development. In brief, healthy children remain healthy and troubled children may become healthy through normal development.

The concept of spontaneous recovery of health through normal development employs one assumption which does not always hold true. This is that normal development is possible within the individual's environment. In order for the delinquent child to make positive change, both personal and environmental alternative resources must be available. If, because of choice or the influence of already negative behavioral hierarchies, the child cannot break free to re-initiate personal development, much less chance for positive change remains. The same applies if the environmental conditions are too oppressive and continually stifle positive efforts made by the child. Healthy growth can become blocked.

The same need for a conducive environment corresponds to the healthy nondelinquent. Even though the healthy child's chances of reaching healthy adulthood are much greater than the problem child's, he may still confront insurmountable environmental difficulties and personal limitations. For both types of children, help of some kind may be required, even if only to supply alternative resources. This requires some means of assessment for determining arrest of normal development. Often children do not know when they need support, or do not know who to ask, or are afraid to ask. This may be where predictive methods can be used, to ascertain which characteristics are critical to development and which are impediments. Predictive methods may also determine critical periods of growth where crisis is more imminent, or where positive input may maximize development or ease transition.

Positive Predictors. One test given to school children aged 6-12 predicts overall adjustment better than most, if not all, personality tests. This is the intellignece quotient or I.Q. Test. Havigurst and his associates (1962) made a longitudinal study of sixth and tenth grade variables relating to young adult adjustment. The measures of adjustment were derived from interviews and objective data, job success, educational progress, marital success, and personal competence and satisfaction. The best sixth grade correlates of these adjustment variables were: (1) I.Q., r=.48, (2) leadership ratings by pooled peer and teacher, r=.52, and (3) socioeconomic status of parents, r=.48. Another study by Terman and Oden (1959) followed up gifted children who were socially, occupationally, and maritally more successful. In adulthood, the gifted children were also lower in deviant behaviors such as alcoholism and homosexuality.

Socioeconomic status and cultural richness also predicted healthier adulthood adjustment better than most personality tests. As noted in the Havigurst et al study, the socioeconomic status of parents correlated to children's later adjustment as well as to their I.Q.'s. Even better predictors, found in the same study, were leadership ratings by teachers and peers. Combining I.Q. and peer-teacher ratings might provide greater predictive power if peer acceptance, not peer rejection, were the criterion. Peer acceptance provides a fairly substantial assurance that healthy adjustment will continue, while children who are rejected by peers may change and do better over time. Peer rejection does not necessarily correlate with later non-healthy adjustment.

Certain variables are most related to peer acceptance and offer further basis for prediction. According to Kohlberg et al, these are: intelligence, control of antisocial behavior, attention, or control of distractive behaviors, moral behavior, and capacity for cooperative interaction. Intelligence has been discussed earlier together with peer acceptance. Attention, with I.Q., interest in learning, and a sense of competence combine to provide the major influences for achievement in school. This in turn provides for further success by facilitating entrance into college or a vocation. Moral behavior combines with other variables within the developmental sequence theory of personality. These would be measures of cognitive-structural levels, cognitive style and attention, and ego or self-conceptual levels. According to Kohlberg (1969, 1971), all of these measures have been shown to function independently of I.Q. and be concurrent correlates of social maturity. Cognitive development is a precondition to ego development and ego development a precondition to moral development. Finally, control of antisocial behavior can predict that almost no children who control antisocial behavior will become antisocial in adulthood.

Indicators of Arrested Development

Antisocial behavior is a variable that can be used to ascertain arrest of normal development and the need for positive input. Antisocial behavior seems to be one of the most significant predictors of adult maladjustment, including alcoholism and criminality. Robins (1966) found a number of striking differences in adult outcomes of antisocial children and normal children or children with other types of problems. Two-thirds of the children referred to a clinic for antisocial behavior had later adult arrest records. Less than one-quarter of the children referred for other difficulties had later adult arrest records. Antisocial children were found to be more sociopathic, psychotic, and alcoholic than either normal children or children referred for other reasons. If a child showed ten or more antisocial symptoms, he could have as little as a five percent chance of developing into healthy adulthood.

A fairly clear age period appeared in the Robins study in which children displayed most of their predictive anti-social behaviors. This is the period from 7 to 10 years. This is at the same time two other childhood transition periods become critical: (1) the age period from 6 to 9 where cognitive orientation, interest, style, and attention are major concerns, and (2) the age period from 9 to 12 when moral development and interpersonal relationships with peers and adults become major concerns. Antisocial behavior may be an indicator of inability to accommodate to these new demands or changes, the child becoming blocked in development during the transition periods. With positive intervention, the child could be helped through these periods toward healthy adult development.

Underachievement in school may be another such predictor of arrested development. This is typified in a child with a high or normal I.Q. who functions poorly in school. Problems like this may reflect a brain dysfunction or maladjustment, or may be an indicator of an inadequate educational system (e.g. poor grading criteria or lack of positive alternatives). Underachievement stands separate from low achievement, for low achievement shows fairly low correlations with most adult maladjustment (Robins, 1966). Low achievement may be an indicator of other causative variables such as truancy or antisocial behaviors, which could provide a basis for assessing developmental impediment.

Underachievement and antisocial behavior are nevertheless negative variables and by themselves poor predictors of later adult maladjustment. Of children who display frequent and serious outbursts of antisocial behavior, thirty-seven percent experience serious adult maladjustment. Among children without frequent and serious outbursts, the percentage is five or less.

Consequently, these variables are best used as indicators of possible arrested development, not predictors of adult maladjustment.

The predictors of positive, healthy adulthood remain the most practicable for primary prevention. These are: I.Q., socioeconomic status and cultural richness, peer acceptance, attention or control of distracting behaviors, moral behavior and development, cognitive-structural level, cognitive style, ego or self-conceptual level, and control of antisocial behavior. These positive factors are not guarantees of healthy adulthood, but instead stand as "necessary but not sufficient" conditions. Not all of these factors are necessary either, depending on the individual child and the environment. A receptive and supportive environment will allow healthy developmental process better than a rigid, closed, and rejecting one. And a child more highly developed in the positive predictive levels will be more able to cope and grow beyond the environmental limitations than the child who is less developed.

The focus becomes not one on preventing negative behaviors, but of developing healthy children who will become healthy adults. In doing so, prediction by positive variables will provide information regarding the progress of health, and combined with the negative variables, point out specific transition periods or points or arrested development at which there is need for a more supportive and facilitative environment. With these necessary conditions met, the child can face normal difficulties and create or find solutions which are not abusive to self and others.

Positive primary prevention would need to focus on the total child, including biological heredity, idiosyncratic and interpersonal growth, and the environmental influences such as school, family, and peers. These factors must be observed and analyzed to find out what is being offered to the child and what may be added complementarily to assist healthy development. It must be realized that many of the acting-out behaviors displayed by children are defense mechanisms reflecting impaired self-concepts, feelings of inadequacy, emotional rejection, and frustration of self-expression. They are indicators of blocked growth. These behaviors are observed by family and teachers as early as kindergarten through third grade. At these early ages, the child appears poorly adapted, less liked, less responsible, and more anti-social than other children. Without help for the child, these behaviors continue; by the sixth grade underachievement becomes evident. The child suffers from peer rejection, his own uncontrolled anti-social behavior, and develops a closed resentment and rejection of authority. He adds new defenses, making it more difficult to reach through and re-initiate growth. By the ninth grade, adolescence and puberty changes add to the dilemma, creating a developmental point of maximum acting-out and juvenile delinquency. By now, most classmates will have adjusted and continued growth, constructing positive interpersonal relationships and building self-esteem and competence. The troubled child finds it more difficult to do the same. For him, peer relationships are poor, his work is far below his capacity, there is a lack of self-confidence and self-respect, and his attitude toward authority has worsened. Many of these adolescents come from disturbed homes. The parents, who might provide a major positive influence toward development, do not. The child becomes isolated in a state of non-growth (Mussen et al., 1974).

Still, with all of these factors already conspiring against the child, it is not beneficial to predict he will become an abuser of self or others in adulthood. The adolescent may grow beyond these negative characteristics in early-middle adulthood, making large growth changes within a very short time. Labelling a child early (through prediction and legal definition), placing him in a position of dependency on an "expert's" focus on curing his disease, or molding him to fit expectations of school-family-peers may all destroy the child's later ability to change spontaneously.

Labels, dependencies, and unreal expectations add to the already existing negative self-concept evidenced by the adolescent. Even special programs designed to offer more individualized attention and more caring may be perceived as still another "put down". The child must first be ready to accept this help, feel motivated toward growth, and choose to reach out for the assistance being offered. They he can overcome the fear of being labelled negatively because his definiton of self is one of the person who is challenged, but who is self-motivated toward positive growth.

Question 3: Can para-professionals help these children and in what type of environment?

The myth of professionalism has been prepetuated by schools, the established professions, and by society at large. With special licensing procedures, by limiting access to degrees to a selected few, and through long internships, the professions have managed to create virtual monopolies in their respective fields. Even in the field of drug abuse prevention, there has been a movement toward establishing special curricula and degrees for "experts". Their credibility thus established, these few become the major perpetuators of what they were taught to be solutions and thereby attain enviable status and income. Reinforced by status and the relative security of affluence, it becomes more difficult for them to challenge the system which has bestowed such security and power. A self-perpetuating, closed system becomes established.

This is not to deny that these very same licensing procedures, academic requirements, and internships have made major contributions in modernizing the services being provided to society as a whole. Little more than one hundred years ago medical doctors were probably responsible for as many deaths as they were for lives saved. At that time, pus was considered part of the wound's healing process; doctors operated with unwashed hands and unsterilized equipment. Even when the first few doctors began introducing innovations, by washing their hands and instruments in a solutions containing chlorine, they were not hailed as saviors but were scoffed at by fellow doctors who continued to follow the then standard operating procedures.

As with physical illness and health, the same painful updating also occurred in the field of mental illness and health. The works of Johann Weyer, an early founder of modern psychiatry, were seized by the church to prevent dissemination of his ideas that many so-called witches being tortured and burned were actually mentally sick, not evil. Freud in the late nineteenth and early twentieth centuries was highly criticized and condemned by his fellow professionals who opposed the subsequently established unconscious realm. Today, at least, society no longer chains mentally disturbed people to walls, nor charges admission for the curious who have come to see the carnival of misery.

Nevertheless, the medical professionals still have their drawbacks, and a major one is professional elitism. What was once a positive guiding force toward enhancing services, has become in some cases a means of limiting competitors in the field and justifying exhorbitant fees and personal salaries. Every economics student knows that the best way to establish a monopoly or oligarchy is by either increasing demand or by limiting supply. The medical profession has done both. In accordance with the concept of "specialization", people are taught to believe more and more in the infallibility of the expert who has a "magic orb", rather than in their own abilities to find solutions or maintain health. Emphasis is placed on the reduction of crisis, not on primary prevention, and the professional is perceived as an overworked, overdedicated idealist who is conducting at least four major operations, mental or physical, at once. Certainly, this may be true of some practitioners.

But there are also many who over-schedule their patient load, processing people as so many "cases", performing inadequate diagnosis, prognosis, treatment, and follow-through, not because they are dedicated, but because of their needs and greed. There are those who find their work simply a job, replete with tedium, in which they can only prescribe pills or follow technique, hoping the problem or patient will eventually go away. Some make mistakes that do more damage than the disease might have done. Some manipulate their patients for self-gratification.

The remaining majority of professionals do care and do try to enhance health through extensive effort and a constant search to find better ways. Yet, they are limited. Many who are providing services do not have the time to update their own skills, nor do they have time for research to advance the "state of the art". They rely on other "experts", often falling into the very same trap that snares their patients, relying on a select few, not questioning fully, or remaining hesitant to believe anything not first accepted or done by the "experts". This is easily observed in the field of drug use and abuse treatment and in the often careless prescription of tranquilizers and antipsychotic pills without proper diagnosis or follow-up. Many doctors depend on the company selling the drugs to supply them with information about the drugs. Companies give free samples for doctors to try on their patients. Contraindications are not studied thoroughly in relation to patient history. Side effects develop from prescriptions, and patients are not forewarned of these possible effects and dangers. Drugs are given to counteract the negative effects of drugs already given, and a fine chemical balance is established that can confuse and exaggerate the symptoms to a point at which individual loss outweighs any conceivable social gain.

The point here is that a degree or a license does not guarantee professionalism, not even the ability to do an effective job of helping with individual diseases. A degree or license indicates that the person so titled has managed to make it through an established, self-perpetuating system. That system represents a certain philosophy and approach to problem solving within prescribed areas. It is an established way of thought and definition which continues because there are certain workable "secrets" of knowledge handed down to a select few, much like the secrets bestowed shamans in primitive societies.

Two Approaches: Cure and Growth.

Like the shamans and priests of our first civilizations, experts perpetuate certain myths. The most notable one is the belief that their way has a solution for most problems the average person confronts; tied to this belief is the assumption that the average person is incapable of discovering answers or of using knowledge if it should be freely imparted. It is the same message given today when a person goes to a medical practitioner for help. Seldom is the person shown how to solve his own problem, nor even informed of the true nature of his problem. Usually the doctor makes a diagnosis and prescribes a remedy. Few tell why or how to prevent the disease from recurring. Few patients are told that half of what they feel as a physical sickness is really a psychological problem. Patients come for a cure and they expect one. The doctor may have found it easier years ago to perpetuate the myth.

At least two dichotomous approaches may be used. The first prescribes a cure, defining objective steps toward homeostasis. The second assists in helping the person by removing obstacles that are blocking healthy development, thus motivating the person to find a self-chosen solution. Both approaches are valid and both are essential in the health field. The first is a means of dealing with crisis and fighting disease; the second is for preventing the crisis before disease is established. Experts in the one approach are not always capable in the other. Each has a way of perceiving, and few schools of thought provide access to both. The two approaches are, moreover, often contradictory; the first emphasizes expertice; the second emphasizes perception of the person. One seeks to provide solutions; the other seeks to reinforce the person's belief in self and his determination to devise his own solutions. The former returns a sufferer to strength by stopping disease (weakness); the latter builds strength by helping the person challenge his own disease.

There is no one answer for most problems. People continually search for the ultimate "guru" to make life better. While searching, they develop little or no inner strength, and when confronted with crisis and pain, resort to the expert, reinforcing their belief further. They define expertice by degrees and titles rather than knowledge and personal abilities. This in turn demands of those who want to help others, that they force self through system after system, obeying, believing, regurgitating, until they have become experts by degree. They have become products of a system, often unable to determine their own life directions, but now ready to lead others. They believe they have an answer; they have the "magic orb".

Growth: Focusing on the Person.

In the field of mental or physical health, the above reasoning is antithetical to the purpose of primary prevention, and probably antithetical to the purposes of health. What is important in mental health is not the practitioner's degree, but rather the level of health he has attained. In some cases degree obtainment and higher levels of health may even be in opposition. Pierce (1966) found for example, that graduate students are less capable of empathetic understanding after completion of their studies and internship than when they first embarked on the traditional course of psychoanalytic study. It was also found by Bergin and Soloman (1963) that those graduate students who communicate on the highest level of understanding, and whose patients might benefit most from therapy, receive the lowest grades in counseling training programs. In short, the potentially better counselors have less chance of negotiating the system and getting a degree than do the least competent.

What many people are buying therefore, at thirty to eighty or more dollars an hour, is not necessarily the service of a better therapist than one who charges ten to twenty dollars an hour. They are buying into a "myth", a magic cure provided by someone they assume has more power or skill than another because of his degree, license, or special technique. And it works. It makes them better, or so it seems, until one remembers that both children and adults with mental troubles are as likely to be rehabilitated if left alone as they are if treated in professional counseling and psychotherapy (Eysenck, 1952, 1960, 1965; Levitt, 1957, 1963).

A degree may in fact mean nothing. What counts is the person, both the client (seeker) and therapist (advocate-helper). Training programs have not conclusively demonstrated their efficiency in terms of constructive client change or benefit. They often, as noted earlier, detract from the trainee's ability. Student-trainees may be facilitated or retarded in emotional and intellectual growth, depending on the level of healthy functioning they have attained, the level the program is capable of facilitating, and the functioning level of their teachers (Aspy, 1966, 1967; Aspy and Kratchovil, 1966; Carkhuff, 1967a).

Techniques or therapeutic styles stand the same as training programs. Often what is done by non-degreed people to obtain status and respect, is training in one approach that is particularly lucrative or popular at that time. After so many weeks or watching and following the "master" (often a sub-master, or even a recording of the master), the person learns all the behavioral techniques and is supposedly capable of "doing to another". People hear of the style through reported successes of the "master" and look for people who have learned that "way". People go to the "trained-counselor" not because he is healthy and capable, but because the counselor has been trained to use a certain therapeutic style they have been told works.

Myths develop in service programs too, and are perpetuated when the program tries to produce a training manual of methods and objectives. By following these guidelines it is alleged, similar success can be realized in producing "trained counselors". The training manuals fail to point out that what worked for one group, led by one person, according to a certain program philosophy, might not work for another program for other people. This failure to work elsewhere is especially likely if objectives are rigidly prescribed, forcing everyone to follow the same schedule and trace the same path.

It is people who make programs, techniques, or styles work effectively. They do so because they are capable of transcending their own egos momentarily and are capable of reaching out to others. Each must do so in his own way, not according to a given school of thought or technique. Alternatives and resources must be available to these helping people when they reach out to others. Alternatives are what programs and training can provide, establishing an environment conducive to furthering healthy growth.

Para-Professionals as Advocates.

To teach para-professionals how to effect cure during crises may not be feasible. It is difficult to trust many of the professionals even after their years and training. It would be more so to trust someone with little training (e.g. for heart surgery or paranoid schizophrenia therapy). In dealing with crisis, training often appears a necessity. It is necessary to provide the practitioner with skills and alternative approaches for dealing with the immediate emergency. In these emergencies, the patient has lost control of self and no longer has the ability to deal effectively. He needs help for which certain training seems necessary. However, training is not always sufficient, nor the sole prerequisite. Training provides skills and technique, but seldom compassion, alertness, awareness, or a healthy psyche from which to operate. These, by providing the patient with volition and will to withstand the crisis often make the difference.

Some crisis moments are more obstacles to growth than dangers to life or psyche. A crisis may be a subterfuge, a symptom which if cured, leaves the problem still intact. A crisis may offer a chance for self-examination, for life-style change. If experienced rather than cured, it may provide self-direction and understanding. To assist others in healthy development may mean helping them deal with crisis, rather than solving crisis for them.

People need to learn self-responsibility and how to maintain healthy development. This means people must learn to dealeffectively with pain and crisis. If over protected by experts (e.g. therapists, parents, and teachers), the person's growth may be stunted and the myth of self-helplessness may be accepted as fact. Similarly, if ignored, left with no advocate to help and understand, the person may be overwhelmed in the early stages of this learning process. Experts and advocates must know when to intervene and when to assist.

There is an important distinction among crises. One crisis is a life and death struggle (or psyche and death); the other is actually a deterrent (often temporary) to the urge to pull toward health. Both are pleas for help. The first however, asks that an expert help by curing sickness. The second asks for help from someone who undertands the disease and will help the person find his own answer. The second is a cry of self. It cannot be answered by cure. Both crises display symptoms. In the first crisis, symptoms must be cured as part of the process; emergency measures to restore vital activities must be taken. Symptoms of the other type are usually dealt with best by restoring healthy development rather than trying to cure the symptom. The first crisis is illness. The second crisis is a "sign". The person has stopped or retarded healthy growth and needs help getting re-started.

An important criterion then in examining the concept of para-professional counselors facilitating the healthy growth development of children is the definition of crisis. When crisis is defined as a life turning point in an acute disease, and cure is required, the expert would appear more competent. That is the role and purpose of the expert who has supporting skills and techniques. When crisis is defined as an event of great life-psyche significance for the individual, as a point of choice and change, then a trained para-counselor acting as helper-advocate seems equally competent, in some situations even more so than the expert.

Teaching para-professionals to assist others in self-searching, maintaining health, and removing obstacles to growth is feasible. This is primary prevention. But teaching these para-professionals to be advocates or enhancers of self requires a different training concept and approach. Somehow the subsidiary message must be different; it must incorporate trust in the capability of individuals to solve their own problems, rather than a belief that experts must provide the cures.

The healthy para-professional. The most important question of relevancy for the para-counselor is not one of having a degree or not, nor training versus non-training, but rather, the level of health-development attained by that person and the direction of growth. As Carkhuff, Traux, and others have pointed out, it is not the degree or training program that makes the difference in client or patient gain. It is rather the ability of one person to relate to another along certain interpersonal core dimensions of genuineness, positive regard, empathetic understanding, and concreteness or specificity of expression. Related to these dimensions are such characteristic behaviors as self-disclosure, spontaneity, confidence, intensity, openness, flexibility, and commitment (Carkhuff and Berenson, 1967).

In the helper-advocate role, these core dimensions and related characteristics combine to complement skills and techniques, thus providing growth opportunities for both the counselor and the client. The higher level of self-growth attained, the more capable the counselor will be. Growth of the counselor becomes a prerequisite for helping others grow. It is from this location in self-health that the interpersonal processes of facilitation and communication evolve.

A five point scale has been designed by Carkhuff (1967) to assess the facilitative dimensions related to interpersonal growth. On this scale, level 3 represents the mid-point at which minimal facilitation and interpersonal functioning occur. At this level the client is suffering from situational distress or crisis, and the therapist is able to communicate on an equal level. Below this level, facilitative functioning decreases to a point at which it becomes potentially damaging. Above level 3, facilitative functioning becomes highly effective, representing more of a sharing in self-actualization than therapy.

Carkhuff used this scale to measure the levels of human nourishment available in various environments. In general, he found that most environments cannot sustain an individual in crisis or trouble. He and his associates found that most people operate midway between levels 1 and 2. Here, most people are oblivious to the feelings and experiences of the persons before them. They are immune to constructive encounters, remain superficial, ignore deeper feelings, display a lack of concern, and respond mechanically. Carkhuff found that such people, even if they are in helping roles (services), still tend to function at these levels. Best friends tend to interact between levels 2 and 3. Graduate students in psychology average 2.35, and experienced counselors and therapists 2.13.

Carkhuff emphasized that, in general, most people do not have in-depth relationships conducive to self-exploration. When people reach a point of growth crisis, they usually have no one with whom to share. They therefore seek help from various agencies, often encountering the same aloofness; or they turn to a professional who may or may not be capable of facilitation. A best friend might have been the wisest choice, but then, many do not have in-depth best friends. This is the role a para-professional advocate-counselor must fill.

Para-professionals. The advocate-counselor must be operating on level 3 in order to provide the facilitative interpersonal relationship that can enhance self-exploration. If most beginning advocate-counselors are operating at or below level 2, then they obviously need training to help them attain an effective level. Carkhuff and Traux (1965) tried doing this, training a group of lay personnel for a period of 100 hours. Training consisted of a combined didactic (shaping behavior) and experiential (self-growth) approach, that focused equally on core dimension and technique-skill development. Following their training, the para-professionals worked with an experimental group. Carkhuff and Traux noted a significant improvement in the experimental group as compared to a control group. Trained lay personnel had been able to help others significantly.

Traux (1970) examined lay-counselor effectiveness further by comparing rehabilitation counselors and untrained aides. He found effectiveness to be independent of the counselor's level of training and theoretical orientation. The greatest client improvement attributed to aides, aides supervised by counselors, and counselors, came from the aides supervised by counselors.

Aides were given individual responsiblity for the client, while the counselor provided consultation and supervision.

Years earlier, a complete counseling service in Australia had been staffed along the designs explored by the Traux study. Harvey (1966) studied this and found the para-professional auxiliary counselors as effective as professionals. The para-professionals had been selected on the basis of their sincere regard for others, acceptance, tolerance, healthy self-regard, warmth, sensitivity, and empathy. The para-professionals received 15 to 24 months of training, meeting two evenings a week, and were closely supervised for two years. The principal training emphasis combined non-directive cognitive and experiential learning.

It appears lay personnel can be trained as effective para-counselors. Training can assist the para-professionals in experiencing the very same growth process they will later offer to clients. Training would model what the para-counselors would be required to do when helping their clients. The environment most conducive to training and supporting para-professionals becomes the same environment conducive to client self-exploration and development. Training is self-enhancement and growth.

Chapter 3

PHILOSOPHY

As a whole, the philosophy which guided the "us" program was not consciously established prior to design implementation. Partly defined fragments of the philosophy did exist, but it was the program's process of trial and error, accommodation and assimilation that synthesized these into an understandable conceptual whole. The philosophy emerged as an identifiable entity out of collected observations and awareness. It remains incomplete, being the articulation of a tacit subsidiary awareness, like behavioral observations trying to capture the essence of "psyche".

What follows then is the present stage of development, an accumulation of theories and data which describe the guiding philosophy, the "why" of the program. These are the parts of focal awareness, designed to capture glimpses of subsidiary awareness. As Michael Polanyi (1962) stated, man knows more than he can tell and can tell nothing without relying on awareness of things he is unable to tell. No knowledge can be made wholly explicit, and the knowledge man does manage to articualte is based on particulars of that which man comprehends through being-in-the-world.

In reflection, the program philosophy evolved from four major areas of concern: mental health, humanistic "self"-development, analysis of the environment, and creation of complementary alternative resources. When decisions about "how" were made, they were made in relation to these concerns.

Mental Health

One of the problems faced by a project such as this, that focuses on primary prevention, is the lack of knowledge in the field of psychology about mental health. Psychology has traditionally emphasized either a behavioral-scientific or clinical-abnormal approach in trying to understand man. Large volumes of data concerning the laws of behavior and methods of conditioning are available, as are various works on diagnosis, prognosis, and treatment of mental illness. But little exists in the way of describing and defining health.

In analysis, mental health clinics are misnomers. They do not focus on health, but rather on crisis and illness. No one goes to the mental health clinic to maintain or improve health; one goes to the mental health clinic to end disease or stop abnormal behaviors. If a person did go to improve health, he would probably not be seen, except perhaps after all the crisis cases had first been seen. And if the person did get an appointment, it is doubtful anyone would really know what to do. The hurried approach of prescribing a drug and making a later appointment would not work. Giving tests and questionnaires would only confirm the person's health. Free association and cartharsis would seem wasteful. Reflection, encounter, behavioral modification, and analysis of the adult-parent-child roles would all be conspicuously deficient. People who are healthy and not suffering from crisis do not usually go to mental health clinics. Mental health clinics have traditionally not dealt with the concepts of health, and are, in fact, unprepared to do so.

For this reason, parents frequently will not take their children to such clinics. A stigma is associated with doctors, diseases, cures, illnesses, drugs, experts, and negative labels. To children, psychiatrists are still "shrinks" and psychologists are test givers who ask dumb questions. Changing the name from mental hospital or psychiatric ward to mental health clinic has not changed the image. What could change it would be a change in emphasis and approach. Health must actually become the main concern. Concepts like primary prevention and self-enhancement must become more prevalent than those of extinction and treatment.

Some psychologists and psychiatrists when asked to define mental health cannot or will not, stating it is far too ambiguous to define. When it is defined, it is done in many ways. In negative terms, mental health is defined as an absence of symptoms that interfere with an individual's sense of well-being and ability to meet the demands of life. In a neutral sense, mental health is defined as a process of adjustment, homeostasis, or release of conflict and tension. In a positive concept, mental health is defined as the process of maximizing: (1) meaningful relationships with other people, (2) releasing inner sources and potentialities, (3) accepting one's self, and (4) maintaining a symbiotic relationship with the environment (Goldenson, 1970).

The definition of mental health that is selected raises an important concern, for it becomes a predominent factor in whatever philosophy guides a project. Defining mental health as an absence of negative symptoms would best fit the "cure" model; emphasizing the positive would best fit a primary prevention program. It was the latter definition that emerged as a characteristic of "us" program subsidiary awareness, and which helps to explain "why" various choices were made. Mental health became synonomous with meaningful relationships, self-actualization, self-worth, and synergy. Any activity or concept that enhanced these qualities was valued above the others. Mental health did not mean superficial enounter, preclusion of emotional problems and conflicts, contentment, or adaptation and adjustment toward conformity and conventionality. Any activity or concept that emphasized these qualities was usually rejected or later eliminated through feedback and modification.

Mental health in this primary prevention program meant that people would be required to make active efforts to communicate genuinely and to reach out to others. It meant that everyone involved would need to make an effort to be open, spontaneous, trusting, flexible, and committed to enhancing self and others. Mental health also meant that these efforts would be made in relation to the environment. It was recognized that the environment could be destructive or supportive. Choosing to be a healthy person in an unhealthy environment could be self-defeating. Mental health meant analysis of the environment, determining the detrimental and beneficial qualities of "what is" and creation of complementary qualities to establish "what should be". Mental health was defined as positive growth for self, others, and increasing integration of the environment.

Mental Health and Crisis

Mental health presumes continuing encounter with crisis and inner conflict. These are characteristics of human existence. They are a part of the growth process and are in fact often crucial. It is the challenge of crisis which provides the impetus for change and renewal in the normal growth process. Crisis, rather than being a negative disease that must be feared and eradicated, is instead a sign signaling the need to re-examine one's life space. It forces a break in the pattern of habitual non-awareness, thrusting the self into focus. Turmoil, depression, anxiety, fear, and pain are all aspects of that thrust.

Many people regard these aspects as negative and do whatever they can to evade them. Drugs provide immediate relief, as do denial, or any other workable defense mechanisms. These methods ease the pain; but unless the problem is resolved or the crisis is only situational, the pain returns. To avoid or escape the pain, defense mechanisms need to remain intact. If the defense mechanisms remain, part of self becomes guarded and closed. Energy is channelled into this guarded area from healthier areas of the psyche, and positive growth slows down or stops. Even after this closing down, the person is not secure. If the problem is initially severe enough, then is triggered again by a similar situation, or if self-resistance is low, the pain recurs. Increased energy must then be re-channelled for further defensive maneuvers. More of self closes down. This involute spiralling intensifies until an explosion point is reached, and the person is forced to deal with the crisis. Or the spiral degenerates to a point at which the healthy system entropies. A crisis of existence develops when lesser crucial issues are not positively resolved.

People always have problems. As one need is fulfilled, others become predominant. Pretending they do not exist, or wishing them away does not work. A person's psychic system needs to be used and exercised in order to remain healthy. If it is not, this system, like any other organ part, atrophies. If it is weakened further by defense mechanisms and blocked capabilities, the psychic system is unable to cope with the problem when finally called upon. The long-term consequences of denial far outweight any short-term gain.

This difficulty is increased when people adjust to a lower functioning level and become re-habituated. The state of "less health" becomes normal. "Normal" becomes closed, and to maintain this state of defense, the person establishes certain rules of conduct and communication to prevent intrusion. Unwillingness to discuss, anger, authoritative replies, and emotional outbursts evince these rules, and people soon learn which taboo areas not to trepass upon. Other people closely associated with the individual in question becoming closed in these same areas. They add their own defenses, establishing more rules and behavioral signals to represent the taboo areas, until shortly such a complex system is woven that its rule-bound members are incapable of enhancing self or others.

Should one of these people in the rule-bound group seek outside help and begin behaving more healthily, the other members apply increased pressures to return everything to "normal". The rise of the healthy person threatens the very existence of the group and its members. They cannot understand the change that has come over the person struggling toward healthy existence. They have forgotten what health was like. They can only recall the pain.

Mental Health and the Growth Cycle

The added stress caused by denial of problems, can be prevented. Mental health can be re-defined as a positive process of problem solving and growth. Crisis and problems are catalysts for learning. Crisis forces a person to attend reality; problems help a person learn survival skills and methods to fulfill needs. They give exercise to the human psyche, providing challenge for self-development. When resolved, new problems or crises form, demanding further learning and growth. In doing so, they become a stage in a larger cycle, keeping each person psychologically fit, healthy, and alive.

Illness is not a simple cause-effect relationship stemming from invasion of outside germs. Disease and the germs of sickness are latent in everyone all the time. It is when the person becomes weakened that these or newly invading germs begin to prevail. Survival in most cases depends on the original state of health. The more energy available to handle problems, the more chance of recovery. The weakened, atrophied system has little chance. Healthy growth is a prerequisite for maintaining health. Growth consists of dealing with problems and crisis. When healthy growth stops, atrophy and illness prevail; when growth resumes, health does too.

Health is not constant, but fluctuates in cycles. The healthier the system to begin with, the more able the person is to withstand stress and disease during the "down" phase of the cycle. It is during the down phase that resistance is the lowest and illness can take hold. People are more sensitive to respiratory diseases at night than during the day; they suffer more illness during the early days of a vacation or holidays, or when a task has just been completed, or immediately following a crisis. They have worn body and self down. If the system does not have the necessary reserve strength needed for coping during this rest and recovery down-phase, illness takes hold.

Understanding the health cycle may help prevent disease and promote growth. For example, in the field of drug abuse, it may be this cycle of high/low energy that accounts for overdose deaths. In heroin abuse, according to Brecher (1972), a search of the medical literature failed to find one scientific paper reporting that heroin was actually causing the overdose deaths of addicts. No one seems to really know how much heroin or morphine is required to kill an addict, although estimates for the lethal dosage for non-addicts have run as high as 500 milligrams. Since addicts are even more resistant to overdose, it appears puzzling to find so many dying from that putative cause, some with the needle still in their arms. A few of these deaths have been attributed to the effects of mixing heroin and depressants alcohol and barbiturates. Suicide, violence, and infection have also been factors; but all in all, they only provide a fraction of the answer. Most of these deaths remain unexplained.

A plausible answer to the mysterious overdose problem may be the health cycle: restoration, homeostasis, and growth. When the addict is in a state of homeostasis, ordinary to large dosages may not do harm. When he is in the trough (restoration) of the cycle, even regular doses may be too much for the already weakened system.

It may also be the health cycle that makes prediction of drug use and other negative behaviors so difficult. A change in either the environment or the person during the peak of the cycle could provide impetus for lifestyle change. Like germs, opportunities for change are presented to everyone, and if the phase of the cycle is propitious, the chances for beneficial change are high. If a person accepts and works with these opportunities (often disguised as problems or needs), in a positive-enhancing fashion, growth resumes and health is re-established. The once negative behavior is is surpassed, or it never stabilizes.

This is also why focusing on disease and cure does not solve the problem completely nor prevert new problems. Cure provides only a state of homeostasis and balance; it does not re-establish and confirm the growth state of the health cycle. If left without positive alternatives, when the situational or existential crisis resumes, the person is forced to resort to the only behaviors known, the negative self-defeating ones. Mental health cannot be established in the individual or culture by focusing on illness or cure.

Mental health is a by-product of human development in a conducive environment. It is a state of "being" which most people are born into and which all must struggle to maintain. Depending on the environment and inner resources, this struggle may be more difficult for some than others. Mental health requires active, purposeful commitment, often beyond the "normal", especially when "normal" is synonomous with non-growth. The struggle to maintain health is often painful, frustrating, frightening, and lonely. Mental health is demanding, being determined less by what a person claims to be, and more by what the person is. The opportunity for mental health is not always available; when it is, not all take it, and not all make it. Mental health cannot be created through fear, force, or coercion. It is not correlated with vocation, power, degrees, fame, or popularity. It is correlated with physical health, social health, an atmosphere of love, need-fulfillment, freedom to experiment, choice, caring, responsibility to others, competence, opportunity to express feelings and emotions freely, the courage to be "self", sensitivity to others, availabiltiy of adequate resources and opportunities, and a positive, constructive philosophy of life.

Mental health varies in degree; yet what matters is direction rather than degree. A person just beginning renewal of healthy development has a better chance of maintaining health than one who is presently healthier but has stopped growing. Each person and growth cycle must be examined within these parameters, the degree of health, and the direction of "self" development.

Humanistic Self-Development

Mental health is from within, the outcome of disciplined following of a life path that most enhances self, not from the discipline of forcing one's self to follow another's path. It does not come from "proper" behavior, nor appear in response to external definition. It cannot be programmed by objectives nor be established alike for everyone. There is no one technique or "way" to-save-the-world by making everyone healthy. Each person must do his part, by doing all he can to establish a supportive environment, with optimum opportunities for others, while continuing positive self development. Like happiness, joy, love, subsidiary awareness, and many other positive expressions of human existence which come and go without the person exercising full conscious decision in the matter, mental health emerges, strengthened through commitment to seeking healthy particulars.

This is a crucially important issue, self development from within; for now not only the degree of health and direction matter, but also the means. Maintaining health requires disciplined self confirming growth, which in turn demands an inner strength. This inner strength is built through making one's own choices and accepting the consequences, being strengthened through positive reinforcement or picking self up and trying again. With each choice, the person learns to depend more and more on inner resources and self decision. Competence and self-worth increase as does the ability to transcend envrionmental limitations. Questioning, intuitive thinking, problem solving, and creativity become dominant over conformity, methodology, data collection, and technological copying. Subsidiary awareness emerges, providing a philosophy which gives meaning to life. Sensitive and responsive to this meaning, the person gives in turn, developing a conducive environment and allowing others to build their own inner strength. This healthy cycle of individual growth has produced humanistic sharing and synergy. Enhancing self has enhanced others.

Contributors to Humanistic Psychology

"Humanistic" is a term used to describe an orientation based on the understanding of man and his relations with the total environment: nature, society, humanity, and the universe. It is an orientation that encourages a search for meaning in life, with the recognition that this urge is basic to the essence of man. This humanistic orientation has five basic postulates: (1) man excedes the sum of his parts and must be studied as a unified organism, (2) man has his being in a human context, within a matrix of human interactions, human objectives, and human values, (3) man is aware, (4) man has choice, freedom, and control over his own life, and (5) man is intentional, seeking variety and disequilibrium (Bugental, 1964). Some of the people who contributed to this orientation were William James, John Dewey, Sigmund Freud, Carl Jung, Alfred Adler, Max Wertheimer, Kurt Goldstein, Karen Horney, Harry Sullivan, Erich Fromm, Gordon Allport, Carl Rogers, and Abraham Maslow. Each perceived man within a humanistic orientation as follows.

William James (James, 1962). Man has choice or volition in an open universe. Through will man decides which thought, action, or object he will consent to and give his undivided attention. Those phenomena man chooses will prevail in thought and behavior. A habit forms and will is freed for another choice (choice or particulars). Man has other processes beyond will or volition which guide action and thought. One is the process of "a priori synthesis" (subsidiary awareness).

John Dewey (Dewey, 1957). Man is the reformer of his own evolution; his very actions and thoughts are instruments developed to creatively meet and re-shape the world. Life is not a series of reactions but rather one of interactions, with man choosing his own behaviors, truth, and destiny. Essential to man is freedom from authoritarian rule, ignorance, dogma, and mechanistic views. Man requires an environment conducive to experimentation, interaction, exploration, and practice.

Sigmund Freud (Ellenberger, 1970). Man has a part of mind which is not conscious but which influences his behavior and thought.

Carl Jung (Goble, 1971). Man has two factors within the unconscious, the personal or individual, and the collective which provides a natural growth tendency toward higher values and harmonious relations with the universe. Man seeks growth, unity, and wholeness through awareness and transcendence of opposites.

Alfred Adler (Ansbacher, 1971). Individual man exists in a social context characterized in part by an innate capacity for increasing cooperation, participation, and integration. It is the healthy individual, with the ability to make his own choices, who expands society. Man is more motivated by future expectations than by past experiences and will create fictional goals to guide his own thinking and behavior.

Max Wertheimer (Watson, 1968). Man is a whole whose existence is not determined by individual elements, but who influences the part-process by the intrinsic nature of the whole. Man is also a part of another universal whole.

Kurt Goldstein (Hall & Lindzey, 1970). Problematic behaviors are more than mere symptoms; they are an individual's way of adjusting and coping with his world to the best of his ability under the circumstances. Each individual continuously strives toward self-actualization, toward realizing his inherent potentials along whatever avenues are open.

Kurt Lewin (Atkinson, 1964). Psychological studies should focus on the individual interacting within a field of dynamic relationships, rather than on statistical averages. Even a unique event may be lawful, and such an exception should be studied. The study of individual behavior must be broadened to entail the total situation; it must see the person in a context or field of experience. Each person has a unique "life space", defined as a psychological representation of his immediate environment together with alternatives or barriers which act upon him at any given moment.

Karen Horney (Hall & Lindzey, 1970). To know another person requires getting beyond his pseudo-self to the real self. The difference between a normal person and one in conflict is a matter of degree. Social conditions can either enhance growth or produce conflicts that halt or delay growth.

Harry Sullivan (Hall & Lindzey, 1970). Man cannot be separated from the interpersonal situations which characterize human life. The idea of an individual or "personality" apart from his relations with other people is more an illusion than a reality.

Erich Fromm (Matson, 1967). The life of an individual is the process of giving birth to self. Man has choice and strives for freedom. In awareness, man faces loneliness and the void. This helps unite him with other people and nature. Society has a responsibility to provide the conditions necessary to fulfill man's essential, inborn nature, a nature basically healthy and striving for growth. In return, the individual will provide the conditions necessary for others and the society to fulfill their potentials.

Gordon Allport (Allport, 1968). Psychology needs to stop restricting and studying man within the confines of negative and pathological conflicts and categories; instead the more positive aspects of love, health, friendships, and values need to be examined and emphasized. Man should be seen less as controlled and more as expanding toward freedom, choice, and self-responsibility. Man is more complex than can be represented or measured. Man operates in the present, not the past, choosing future goals. To understand man means understanding what the individual is trying to become and do. There are two components of behavior: coping or adaptive and expressive or individualistic.

Carl Rogers (Rogers, 1961). People can solve their own problems given the proper milieu, because change and growth are implicit in the normal life process. The human organism has a positive basic tendency to actualize and enhance self. Self is the way a person perceives, values, and defines what he is, within a changing process of awareness, differentiation, and the phenomenological field. The organism is influenced by the environment and significant others. Self-growth can be enhanced or halted. If conditions are imposed on self-worth, the individual develops an incongruence between the real self and pseudo-self.

Abraham Maslow (Maslow, 1962, 1970). Man has a higher nature as part of his essence. This is best understood through a holistic approach emphasizing health and growth. Human psychological growth is similar to other maturation processes; certain prerequisites must be satisfied before natural development occurs. How a person satisfies his lower needs or prerequisites determines the possibility for later actualization of his higher capabilities. Man has the potential to experience an understanding and acceptance of self and the universe. This is revealed by his life-long effort toward mutual growth. Man is basically social and good, and is negative only when normal growth is denied or frustrated. The best social environment is one conducive to growth and natural unfolding of inherent potentials, one which not only tolerates but fosters individual choice and direction within the concept of health and high synergy (helping self helps society which provides a more conducive environment to help self).

Humanistic Developmental Theories

Each of these contributors to the humanistic orientation perceived man as struggling to maintain healthy development. Varying potentials were seen within each individual, and given the resources and alternatives, people were viewed as capable of enhancing self and society. From these definitions, and through research emphasis on humanistic-individual growth, developmental theories have been produced in the areas of values, conscious awareness, synergy, personality, cognition, motivation, and counseling, to name a few. These are further discussed in an effort to clarify the humanistic orientation.

Values (CRM, 1971). Values according to Lawrence Kohlburg are both relativistic and universal. They are relativistic in the sense that each culture has certain norms, laws, and rules differing from those of other cultures on how to best guide individual behavior. What is legal (sanctioned) in one society is often not in another. These are particulars of how, like techniques in counseling, and provide focal awareness. Values are universal in the sense that all cultures and individuals pass through certain stages or levels of development. There is a universal pattern of growth from ego-survival bound values to ego-transcending universal values. This development toward higher, universal values evidences subsidiary awareness (why), like the purpose of counseling (to enhance life) which transcends the function of the parts (to facilitate counseling). Each culture therefore, like a counselor, may use different parts (techniques), giving different solutions and providing different understanding, but all share the same purpose of helping man live in harmony with the universe. Kohlburg has described this developmental process of values by delineating six stages and three overall levels (see Summary Chart, infra).

Conscious Awareness (DeRopp, 1968). J. Krishnamurti (1972) asks if the mind can empty itself of the known. Can a person empty his mind of the answers already accepted in order to allow new learning to occur? To J. Krishnamurti this is the "impossible question"; for if a person says yes or no, an answer has been given and the mind is filled again.

Children are taught early in this country to grasp for answers, to memorize data, and to respond without questioning. This provides the child-adult with needed information for coping with the environment, but it does not help the child learn to retain an open mind and create answers of his own. Consequently, the child becomes an adult computer, filled with endless pages of historical data often no longer appropriate to the changing environment. A major salvation for the child comes from the normal mind limitations and the ease with which data "learned" through rote memorization is forgotten. Some freedom and flexibility is maintained through this inherent mind mechanism which refuses to retain irrelevant data.

The mundane experience of everyday living, however, is habitually performed through answering patterns taught years before. This is a survival mechanism. The mind cannot eradicate all data totally, for people depend on past knowledge for survival and sanity. Rather than to focus on achieving a blank mind, therefore, it seems more appropriate to seek an expanded awareness. To do this, to become more aware, requires an opening of mind, to see what is, not what people have believed or alleged was.

Like mental health, this opening of mind cannot be forced or programmed, though conditions may be established to enhance the process. An atmosphere of questioning and searching to understand, rather than memorizing answers, must be provided. Self and the world outside must be re-examined, and past definitions cast aside for fresh views and more positive feelings. The mind must move away from analysis toward a higher state of consciousness, where the mind can be still, not analyzing, not grasping, but allowing life to unfold. The process is long and difficult, and few attain beyond the first stages. Robert DeRopp defines five stages of consciousness (Summary Chart 2, infra), but in doing so points out that these stages remain only theoretical possibilities to people who have not experienced them. No one can communicate to another the feeling of the higher levels of consciousness (subsidiary awareness). Each stage must be obtained to be fully understood.

Synergy (Hampden-Turner, 1970). In almost all of what man does, from dreams to everyday living, he is involved with other people. From birth to death man is surrounded by hundreds in a world of billions, yet each person remains alone. During man's most trying moments of life's process, and especially at death, man is alone, unable to share the experience within. Some of this aloneness is due to human existence, the singularity of which persists despite the species' gregarious nature. Much aloneness, however, is due to man's inability to interact in a synergistic manner with others and the environment.

Attainment in synergy requires a change in awareness and emphasis. Synergy means being able to develop one's own potential fully and while doing so, to simultaneously help others and the group or society to which one belongs. Accordingly, this concept holds that the strongest or healthiest group is not one which has a single leader or guru with numerous followers, but instead is a group of self-directed people working together. The road to synergy is the road to freedom from following and from belief that another person has "the answer". Each person must choose his own path, finding individual meaning during the travel (subsidiary awareness unfolding). There is no one person outside self who can be a guide, for the real journey lies within. It is from this journey within self that synergy emerges, paths cross openly, and people meet. Hampden-Turner outlined the process of synergy with five levels and eight stages. Each stage has certain characteristics related to development of the larger levels. Development of synergy does not require satisfaction of all characteristics, but instead requires that growth is occurring in these areas and basically healthy functioning is in process. According to Hampden-Turner, the individual first becomes aware, reaches out, makes a contact and consequent impact, thus evoking an energy-joining response; this person then integrates the process and begins again in more depth (Chart 2, infra).

Personality (Erikson, 1968). Personality is not born at full bloom but must develop and open slowly, exposing self to the world like a rose to the bee, for sharing and fertilization with others. Yet unlike a rose, which "is what it is", man must learn to be a human in an often far more complex environment. As the child progresses toward adulthood, and the adult toward death, certain capabilities of interpersonal and intrapersonal sharing must be developed in the process of becoming a healthy human being. Often some of these capabilities are not developed and the person is forced to go on, slightly less actualized, still somewhat potential. Other people do not continue on, but become fixated in conflict, overcome by despair and defeat. Growth slows down, health decreases, growth stops, until a positive opportunity is chosen and development begins again. The stages missed, however, cannot be returned to. The healthy body and mind that recovered from disease and non-growth still pay the cost of missed stages through the loss of ignored potential. The healthy life process passes through eight stages as depicted by Eric Erikson (Chart 4, infra).

Cognition (Isaacs, 1972; Pearce, 1973; Orenstein, 1972). The mind is defined as man is perceived, and is nurtured accordingly. Plato believed universals of thought were given from innately common origins. Through dialectic questioning these universal ideas could be brought to conscious mind. John Locke considered the mind to be a tabula rasa to be written upon by the environment and life's experiences, the person becoming a collection of reactions. Through programmed instruction, knowledge could be obtained. Leibnitz regarded the person as a source of action, purposive, and striving to learn through self-realization; cognition was a part of this process of self-realization. Cognition became the process and product of knowing and learning, enhanced through a harmonious and resourceful environment.

It was Jean Piaget who finally arrived at a humanistic definition of cognitive development within established levels of "how". He also went a step beyond to examine why people learn at all. He felt that mental processes were intrinsically motivated to function at a higher level. Man, through equilibration is always seeking to actively adapt and understand self and the environment. Piaget described this process of inward building-up in four stages, arriving at a final level depicting abstract reasoning and rational thought.

Robert Orenstein and Joseph Pearce feel there is more to thought than captured by Piaget. To Orenstein cognition as an act of knowing does not stop with abstract thinking, but goes one level further to combine analytical and holistic thinking or intuition. Orenstein feels that it was not the analytical thought process that allowed Piaget to derive equilibration as an answer to the question of "why" man thinks. It was a combined effort of analytical and intuitive thought. Analysis imparts clarity to the problem and a method of search for an answer; intuition leaps the gap between question and answer to create a higher level of knowing (Chart 5, infra).

Motivation (Maslow, 1970). Humanistic psychology believes man has the ability to free himself from environmental controls through understanding, awareness, and choice. Humanistic motivation asks not only how particular people learn or grow, but why (inner subsidiary awareness). According to this concept man is more than his behaviors; he is rather a highly complex creature of many parts. No mere physiological construct, he is endowed with a psyche.

The environment is important in providing necessary resources for healthy growth. If it does not, the frail human being in the early dependency and coping stages may falter and stagnate. The child without love and nourishment is like the acorn without sunshine and water; both remain "potential to become".

If given the necessary resources, man will unfold or actualize. Man has within his essence an innate capacity for creating a synergistic relationship with the environment. Like an acorn, the child need only be given the nutrients to become a healthy adult. Needless manipulation and control, disguised as concern, get in the way. It is in the unblocked path of development that man passes through a number of stages. These are described within two categories of human interaction: basic need-coping and expressive self-actualization.

The basic needs described have been found to be common to mankind, and represent stages which man passes through in development toward higher, non-coping interactions. Due to numerous self and environmental reasons not all individuals, in fact few, reach the highest expressive level. In most situations, until the lower expressive levels are reached and their needs fulfilled to a certain degree, man is not able to move or grow beyond. There are however alternatives to fulfillment such as man's awareness and choosing to forego fulfillment of a need (Summary Chart 6, infra).

Counseling (Carkhuff & Berenson, 1967). The ability of a counselor to help people is frequently more hypothetical than real, as is the belief that counseling necessarily helps or enhances another person's growth and development. In many cases, if not most, if the client or counselee had gone without counseling, equal change in healthy process would have occurred when compared to being counseled. Change does not rest with the counselor, but within the counselee. In crisis, or through choice, each person determines his own return to health.

In this concept, the counselor becomes a facilitator or advocate to a person who has chosen to make changes in self. A critical factor to look for in the facilitator / advocate role is the level of functioning the counselor is on. A counselor who is functioning at an ineffective level, with distorted perceptions and lack of personal fulfillment, cannot help others find a means to happiness and satisfaction in living. In such a situation, the counselor may use both his techniques and "his" client to satisfy counselor ego-centered needs rather than the self needs of the client.

Both the level and the direction of counselor development are important factors in the therapeutic endeavor. A counselor progressing to higher levels may often model for and provide impetus to the counselee-client, while a counselor who is regressing may pull the client along with him to unfathomable depths, losing both selves within a quagmire of confusion labelled therapy.

The level and direction of facilitative growth are critical to the counselor and counselee. Together they represent a core of interpersonal dynamics in specific areas of empathy, respect, genuineness, concreteness, and overall ability to assist self-enhancement. In these core areas there are five levels of functioning. In order to facilitate effectively, the counselor/advocate must be on the same level or higher than the counselee (Chart 7, infra).

Synthesis of Developmental Theories

These different developmental theories and their related levels give an indication of the vast resources required by human individuals in the process of healthy growth. The levels provide a common reference point for understanding a process which continually changes when the organism is in a state of healthy growth. These theories provide instruments for examining the positive development of people through the whole age spectrum.

These theories and their levels or stages have been combined on the "synthesis chart" to show the interrelatedness of the various areas of human potential. Certain levels tend to correlate with others. Using this chart, analysis of a person and the environment can be made to ascertain what resources need to be provided. The chart may be used to determine when development has been retarded or when to re-initiate or enhance the normal process.

The chart is arranged in five levels. The first three are considered "coping" levels, that reflect behaviors and aspects related to deficiency needs. These need levels offer a perspective of man viewed in normal, everyday operation; they hint at how he spends the major proportion of his time and energy. These needs display certain characteristics: (1) they represent the unpleasant and undesirable; (2) they press for their own elimination, reduction of tension, and restoration of equilibrium; (3) satisfying them avoids illness but does not necessarily produce positive growth;

VALUES	AWARENESS	SYNERGY	PERSONALITY	COGNITION	MOTIVATION	COUNSELING
Obedience - Survival	Deep Sleep Somnambulism	Awareness of Environment	Trust - Mother Love	Sensorimotor: Schematas combine. Initiation of learning permanency.	Physiological.	Long term assistance needed. Counselor potentially damaging.
Satisfaction of Ego-Needs	Dreams - Hopes	Genuine Reaching-out	Autonomy - Needs Consistency, Testing of Reality.	Preoperational: Imaginative Play. Exploration. Symbolic Thought.	Security.	Distorted Perceptions. Mechanical.
Conformity. Authority. Social Order.	Identification. Habituation.	Impact - Success or Failure.	Industry. Roles - Peers. Sex Identity. Intimacy - Love. Mutual Trust.	Concrete Operat's Series Planning. Comparisons. Conservation. Part - Whole combined.	Love + Belonging.	Normal Facilitation. Voluntary Discussion.
Contract of Individual Rights. Code of Ethics.	Double Awareness. Self - Transcendence.	Synergy. Transcendence of Dichotomies.	Generativity. Ego-Transcendence World Concern.	Formal Oper's: Rational, Systematic Analysis.	Self-Esteem.	Potent Facilitation. Emotional Proximity.
Universality of Human Dignity, Worth, Life Process.	Cosmic Objective Consciousness.	Integration. Expanded Consciousness.	Integrity. Meaning in Life.	Combined Analytical - Intuitive Thought: World View Changed.	Self-Actualization.	Sharing of Inward Search.

CHART OF SYNTHESIS
OF DEVELOPMENTAL THEORIES

(4) satisfaction provides relief rather than pleasure; (5) they are episodic; (6) they are shared by all members of the human species; (7) they dictate dependence on others and the environment; (8) they demand problem-centered attention; (9) learning to satisfy them is mostly habitual and reactive; and (10) they create need-determined or categorized perceptions of others and the environment (Maslow, 1968).

The fourth level is a transition point. It is here that the individual person or group must go beyond everyday habitual living and begin transcending normal limitations, creating a new "world-view". Terms such as analysis, potency, double awareness, and transcendence of dichotomies describe this realm. People begin to be humane and humanistic, going beyond satisfaction of lower, basic needs, while harmoniously striving to enhance others and self (synergy).

The fourth level represents at once both a basic need and a higher need (fifth level). It is a zone of transition in which the person chooses to make a shift in life style and world view. Here, previous methods of satisfying lower needs no longer work effectively. It is at this stage that most people stop. They do not change, but continue rather, using previous ill-fitting solutions. Unable to make this most important shift, they discontinue growth. Their energies remain devoted to lower need satisfaction and coping with the environment. Only occasionally do they experience a peak moment, when a creative expression breaks through. They have learned no other way.

The fifth level comes from a change in life definition and direction. It is the highest level, emphasizing self. At lower levels, following other people's paths to knowledge (conformity) sufficed. On the fifth level, the opposite holds true. Here the person continues growth through self-derived choice and unfolding, rather than pre-determined guidance and constraint.

At this level, each person finds the uniqueness of self and begins expressing it. Expression, creativity, life meaning, expanded consciousness, and universality of the life process define the efforts of man on this developmental level. These characteristics emerge from the transition, blossoming forth like a flower from a seed or butterfly from a cocoon. Each person buds according to his own special attributes when the life-space is conducive to doing so. The environment must be one of freedom, self-direction, responsibility to self and others, openness, genuine caring and loving understanding. The fifth level brings self-actualization.

In a healthy environment, people are capable of reaching the fifth level. In general, people have the potential to continue growth even beyond these conceptual limitations. Man has produced language, technology, and other miracles. Man can actualize self. A shift must occur in thinking and approach. Societies, like man, may reach the transition stage and grow beyond. Or they may become trapped by trying to use the old answers that no longer fit. As in Zen, the first important step is learning to give up the typical way of thinking and existing. A radical transformation is required.

Summary Chart of Developmental Theories

1. Values

   I. Preconventional Level: Right or wrong behavior is determined by cultural labels and enforced by power and reinforcement.

      Stage 1: Moral orientation is based on obedience and punishment (survival).

      Stage 2: Moral orientation is based on instrumental satisfaction of one's own private needs (ego-centered).

   II. Conventional Level: Moral order is determined by conformity, loyalty, identity with a group, family, or nation, which is perceived as significantly valuable in its own right, by maintaining group expectations regardless of consequences.

Stage 3: Moral orientation is based on being "good" by pleasing and conforming for the approval of others (pseudo-self approval by others).

Stage 4: This orientation is based on "law and order", rules, duty, authority, and strict maintenance of social order (authority).

III. Post Conventional, Autonomous, or Principled Level: Moral values and prinicples have validity and justification apart from the authority of groups.

Stage 5: Moral orientation is based on social contract or legalistic free agreement, defined by individual right and agreed upon standards (code of ethics and constitution).

Stage 6: Moral orientation is defined by self-chosen principles of universality and consistency, based on reciprocity and and equality, and the dignity of the human being as an individual person. It is a level of respect and awareness for life and the life process (universal-ethical subsidiary awareness).

2. Awareness

Stage 1: Dreamless Sleep - Deep sleep without dreams. Stimuli are registered by the brain but the mechanisms that render these stimuli conscious are completely inactive (recharge state). Characteristics of this stage are somnambulism and sleep walking.

Stage 2: Sleep with Dreams. Nonsense, revelation, and fantasy combine to form a drama where the dreamer expresses versatility in knowledge, capabilities, and talents; he may be a playwriter, producer, scene painter, and actor-impersonator simultaneously. The dreamer may remember these dreams or forget them, not even being aware he had dreamt three or four times during the night. Those who do remember add another role, that of observer, watching "self" dreams unfold (this moves awareness to stage 4).

Stage 3: Waking Sleep-Identification. The individual has no separate awareness, but is lost in whatever he happens to be doing, feeling, or thinking. Habituation guides daily existence (becoming conscious of the habitual pattern automatically, but only momentarily activates the next higher stage).

Stage 4: Self-Transcendence (self remembering). Double awareness of being actor and observer, an objective awareness of self, separate and outside the physical self and the normally defined limitations of mental-psychological self. Success in awareness at this level is not measured by material, outward achievement or quantitative analysis, but rather in terms of inner awareness and quality of understanding.

Stage 5: Objective Consciousness-Cosmic Consciousness. An awareness of life and order in the universe; dualisms are destroyed. "Taoistic" seeing is predominant.

3. Synergy

Level 1: Awareness: of the environment, self-worth, and the perceived ability to react and act in order to make impact.

a. Perception: being observant, sensitive, empathetic, reality-based but also seeing possibility of change, awareness of others, and aesthetic appreciation.

b. Identity: being self-accepting, having an honest reality-based perception of "self", having self-insight and understanding.

c. Competence: satisfying the needs for mastery, willingness to act and take responsibility, anticipation of success, not afraid of failure or set-backs, ease in making friends, belief in ability to influence events, and a mission to improve self and the world.

Level 2: Reaching Out: to others by actively projecting self with authenticity, intensity, and genuine risk.

d. Invests: with intensity and authenticity, having characteristics of self disclosure, being straight-forward and direct, less pretentious, commitment to larger meanings, self-expression, easier admission of weaknesses and mistakes, great powers of work and concentration, depth of feeling and spontaneity, naturalness, strong motivation, autonomous with divergent thinking, involvement.

e. Suspending and Risking: suspending self-concern, toleration of insecurity and existential anxiety, being more adaptive and spontaneous, capable of long-range risks, risking disapproval from others, objectively self-critical, greater trust and faith in others, undogmatic, liking unstructured situations and ambiguity, can face the unknown with less fear, has flexibility.

f. Bridging the Distance: more loving in significant relationships, capable of open conflict, able to relate to all ages and kinds of people, able to experience the needs of others, concerned with international assistance, having a feeling of identification with all humanity, and seeking to discover novel areas in life.

Level 3: Impact: A person's efforts at reaching out are received and responded to or acted upon by being shared or denied. This is the level of confirmation or rejection, success or failure, where self-confirmation may be found and new meaning is invested into the environment.

g. Self-Confirming and Self-Transcending Impact: the individual at this level excites and disturbs people, is behaviorally controlled by self-concept rather than another's perceptions, has little self-ideal discrepancy, is fair minded, a leader, skillful, influential, and values self-realization. This person now helps others "unfold" rather than imposing, and is aware there is no guarantee of success. He transcends ego-personality and raises the self-concept of others with self-disclosures. He has a high capacity for frustration and deprivation, and is capable of achieving self-need gratification.

Level 4: Synergy: This level provides reconciliation of apparent opposites following impact. Through dialectic confrontation and a struggle to understand, a relationship is created where the whole is more than just the sum of parts.

h. Higher Synergy: characteristics of better problem solving, transcendence of dichotomies, insistence on self-rights while respecting the rights of others, influenced more by equal status associates rather than authority, greater involvement, cooperative, friendly, firm but just, close relationships with significant others, nurturant, dyadic leading of others to mutual help, willingness to fight for what is right, capacity to withstand situational hostility, and likeable.

Level 5: Integration: This level provides feedback, re-evaluation of the environment and self-image, and integration of experiences by using unifying concepts which emerged from the dialectic encounter to expand consciousness.

i. Integration of Feedback to Form New Complexity: characteristics are expanded consciousness, more inclusive perception and integration, more understanding of dilemmas, mistakes and conflicts, mutual disclosure, creation of a private universe of meaning, greater valuation of intelligence and education, greater ability to abstract, wider frame of reference, autonomous yet universal code of ethics, new capacities for further work and growth, more self-universe responsibility, and more complex yet simple.

4. Personality

Stage 1: Trust vs. Mistrust (Years 0-1): During this year the child is very dependent on the parents, especially the mother. If the mother's care is qualitatively dependable and predictable with concern and love, the child develops a sense of trust. Trust development is the first requirement in beginning an interpersonal relationship.

Stage 2: Autonomy vs. Shame and Doubt (Years 1-4): Having achieved trust the child begins to develop a sense of autonomy or independence. He begins to explore, to move away from the constant need for parental security, and to assert a growing self more consistently. If the parents lovingly reassure the child and are consistent in following humane methods of guidance, this autonomy is fostered. If discipline is too severe, or failure occurs too often without reassurance, the child develops a doubt about self.

Stage 3: Initiative vs. Guilt (Years 4-5): This is the stage where the child begins spontaneously exploring reality, expressing his natural strivings in novel ways. If control is too rigid or severe the child may develop guilt, giving up and submitting to parental-social demands for conformity. If parental-social control is not too forceful and does not produce fear of making mistakes, the child develops a balance in which he can test reality (as seen from his own perceptions and thinking), and can accommodate to reality's demand.

Stage 4: Industry vs. Inferiority (Years 6-11): Recognition is gained from learning to produce, to accomplish things, to attain goals, and to complete tasks. If the environment is not overly demanding and does not challenge beyond the child's capabilities, a sense of self-esteem begins developing as he completes the selected projects in life. At this time peer relationships also begin, and much of the opportunity or non-opportunity to develop friendships is based on the child's ability to perform industriously. It is in this stage that the child begins learning meaningful adult roles to be played later and needs healthy guidance and models to observe. If the child is unprepared, a late developer, or unable to observe and meet peer-parental standards, he develops a feeling of inferiority.

Stage 5: Identity vs. Role Confusion-Identity Diffusion (Years 12-15): By now, skills and talents have begun to blossom, along with sexual maturity and social role learning. Peer group influence is more important and the adolescent is less dominated by parents. Relationships with the opposite sex increase in importance, and the depth of love and friendships with significant others provides reflection and clarification of one's identity. If identity cannot be achieved, or roles not easily tried and discarded to find the appropriate one, the person may maintain a constant effort to be experienced by others, told who he is or should be.

Stage 6: Intimacy vs. Isolation (Adult Life): The person must first have developed a strong sense of identity. From this base, he begins widening concern beyond self, extending it to others. With significant others, the person is able to commit self more successfully, no longer needing to seek relationships that will clarify identity as in adolescence. The commitment is one in depth, with an experience of ego abandonment, often producing anxiety unless the person has developed a healthy identity of self. This is a stage of tremendous mutual trust and sharing of finding meaning in life, finding an occupation, and taking on civic responsibility. If there is too much fear involved in self abandonment, or if one's identity is not firmly established, anxiety may induce an isolation and preoccupation with self.

Stage 7: Generativity vs. Isolation (Adult Life): This stage shows a further extending of interests and ego-transcending. A creative and productive urge in family and work begins to evoke selfless caring, concern for others, the world, and what can be given or left behind to mankind. Relations of family increase in depth, financial security is gained, and leisure time provides new areas for personal expansion. Inability to find one's work or calling, or unhappiness in the family relationships, may lead to feelings of despair, stagnation, compulsive sexuality, and a sense of interpersonal impoverishment.

Stage 8: Ego Integrity vs. Despair (Adult Life): Here the person finds fuller meaning in life, expanding his concern to embrace the community of mankind, universals. The person accepts life and self for what they are and have been, knowing changes have occurred and may again, he recognizes the validity of a self-chosen life style, and sees the perspectives and life styles of others as having meaningful validity also. One can look upon life's process with memory, accepting the pain and dichotomies, knowing it was all meaningful, because in self-reflection the person is satisfied with who self is. With this, the person can openly face the existential void of nothingness and death. Inability to see life's process as meaningful and valid produces a possibility for existential despair.

5. Cognition

Level 1: Sensorimotor (0 to 18 months): At the outset of this level, mental processes are centered around reflex responses and and isolated schemata. Within a month or two from birth these schemata begin to come together. This associative quality allows the child to be less at the mercy of impinging environmental stimuli and more able to initiate self behavior. Objects at first appear ephemeral, no longer existing after being removed from physical sight. Later, permanency develops and the child searches actively to find what was once there. The child learns to think about things no longer there, to invent, create, and use imagination.

Level 2: Preoperational (19 months to 7 years): Imaginative play combines with exploration and experimentation, providing enriching experiences that help organize and re-organize the child's already established world view. Symbolic thought provides a means of active mental manipulation. "Things" are still in a state of flux and non-constancy since words and images are not clearly articulated into concepts and rules. The child remains egocentered, unable to anticipate how another person might perceive something.

Level 3: Concrete Operations (7 to 11 years): The child in this stage is able to form mental representations of actions in series and can distinguish qualitative relations as not being absolutes but rather comparisons (e.g. darker, noisier). Planning to reach goals and complete tasks can occur. He can make comparisons, order objects within a hierarchy, and perceive differences. The child also has learned that transformation of an object may take place without a change in volume or mass (conservation). He can reason simultaneously about the whole and its parts. All this is done with concrete objects within the environment; he cannot perform the same thinking symbolically.

Level 4: Formal Operations (age 12 on): Preoccupations with mentation is characteristic at this level. The person now is able to supply concrete operations to hypothetical situations. Thinking becomes similar to scientific experimentation, with manipulation of variables, formations of hypotheses, testing, and acceptance or rejection of conclusions. Operations are organized into higher order abstract rules used for problem solving. Formal thought is rational and systematic. The person is becoming aware of his own thoughts and thought processes.

Level 5: Intuitive and Analytical Thought Combined: At this stage the world view that has guided the child-adult through the first four levels of cognitive learning must now change, changing the world viewed through a fundamental change in mind. Previously disconnected development in the right (holistic) and left (analytical) hemispheres combine to generate new personal constructs and open further possibilities. At this stage the mind rests from the normal analysis and the search for a logical answer ceases. From this quietness comes the solution. The world seen is not different; however, the person perceives it differently.

6. Motivation

Level 1: Physiological Needs: These needs are necessary for human survival, such as food, water, oxygen, sexual reproduction, and sleep. A vast majority of people throughout the world spend the major portion of their lives fulfilling this need alone. As the world enters the "food crisis" of the 70's, more people will be forced to focus energy on maintanence of this level.

Level 2: Safety Needs: Once people have found a general comfort or predictability of physiological needs, they then begin to seek security, protection, the stability of law and order, and freedom from chaos and fear. Certain guidelines are prescribed and maintained throughout the culture, and a basis for becoming aware of other people's rights established. If fulfillment in the lower level of physiological needs such as food, water, or oxygen is threatened this security is lost.

Level 3: Belonging and Love: Once the security needs have been established a new need emerges and predominates. Like a baby who first cries for food and then finds a certain pattern in feeding, man is freed to fulfill a new need to share with others. This is the stage where man begins to make the first movement toward others for others' sakes, centering on trust, acceptance, and understanding. This may be through family, marriage, social group organizations, or submission to authoritarian rule. It, like all basic needs, is satisfied according to individual and cultural means, healthy or not.

Level 4: Esteem Needs: The last basic need is self-esteem and esteem for others. It is a mutual high evaluation, a feeling of adequacy, achievement, and mastering of the environment. It is often synonomous with respect, status, attention, recognition, of feeling dignified. It too, however, may become unbalanced when self-esteem becomes secondary to being esteemed by others, or experiencing the here and now becomes secondary to being experienced.

Level 5: Self-Actualization/The Higher Needs/Expression of Self: This next need produces a radical change in the person, for now he is operating on a level of psyche fulfillment. Here man begins the search to fulfill his own nature, to answer his calling or to actualize his potential. It is reached by a small percentage of people; however, many people are in the process toward this level. These self-actualizing people are not without faults. They are often cold, angry, lonely, filled with conflict and fear of the existential void. Their perceptions often extend into realms of reality impenetrable to others.

7. Counseling

Level 1: Discussion is not about personally relevant material. The therapist retards the growth of the client by trying to satisfy his own needs. The client is severely disturbed and is essentially immune to constructive human encounters. Extremely long term assistance is probable.

Level 2: Personally relevant material is discussed in a mechanical manner. The therapist is still damaging or may detract from healthy problem solving. The client is distressed and his perceptions of the world are distorted.

Level 3: The counselor is minimally facilitative to the "situationally" distressed client. Voluntary discussion of personally relevant material is evident with increasing emotional proximity (beginning to feel what is said). This is the minimum effective level at which most people operate during moments of stress.

Level 4: Personally relevant material is introduced freely with emotional proximity. A person on this level has characteristics of potency-impact, relates effectively, and facilitates others. Many counselors do not operate on this level and cannot help others do the same.

Level 5: On this level, personal disclosure is associated with a spontaneous, active, inward probing about the feeling or experiences of self, others, and the world. The person on this level is involved in sharing a lifelong search for actualization of self and others. This is a rare person and possibly even rarer counselor.

Analysis of the Environment

Awareness, choice, wholeness, unity, self-actualization, synergy, and personal interaction are all concerns in the humanistic orientation. The focus is on growth and positive human characteristics within an environment conducive to self enhancement. The search is for alternatives which might help people place more emphasis on health than sickness, cooperation than competition, and on choice rather than control. Allowing real self to emerge over pseudo-self, rather than trying to force it, characterizes the humanistic approach to helping others.

Underlying these qualities is a general theme of inherent goodness, or at least neutrality, in man. Man is not seen as a negative, uncontrolled savage who must be prodded into sharing with others. Threats, control, and over-emphasis on socialization weaken this inherent ability to maximize the positive abilities. Much of what is wrong with man has its origin in presently accepted negative definitions of him which imply a need to shape his life toward a pre-established goal.

No one person or culture knows what is best for everyone. There is no way to determine what characteristics best fit an individual to become capable of benefitting self and others. Most people are unable to determine best characteristics to benefit themselves, let alone decide for others. People are individuals, each in some ways different from everyone else, yet sharing commonalities, too. Urged by this uniqueness, man reaches out to explore his commonalities with others. Freedom to follow this tendency is innate with the humanistic environment. It fosters individuality and it affords freedom to choose modes of attaining the common goal of living together as a true community of people.

A humanistic environment is a concept, not necessarily a reality. It stands as a goal yet to be achieved within institutions and in this nation. Its weakness rests not with the philosophy but rather with the means being used for its implementation. People cannot be free, learn to make choices, or become self-actualized in a system that is pre-programmed and inflexible. Control by a few who claim to know what is best is not self-choice.

Designing a humanistic environment requires a radical change. It cannot be done through token efforts. To attain the higher levels (fifth levels) of the human development processes requires a shift in thinking. A world view must be sought from new perspectives. A person cannot develop intuitive-creative thought processes through memorization of data nor with a totally technical mind. Creation implies a shift and break from the mold. So, too, do self-actualization, synergy, and transcendence beyond the ego realm. So does humanistic growth.

Regretably, the environment today in most institutions is not conducive to humanistic growth. In most cases the opposite is true. The environment today is shaped too restrictively, in accord with behavioral concepts, focusing on conditioning, consequences, and control. It is an environment that owes too much to the Darwinian concept of competition and survival of the fittest. Men emphasize coping, and define fittest accordingly in terms of power, status, wealth, and prestige. The institutions too, relfect this. Man is not operating within a conducive environment. He is busy being manipulated and controlled and is grossly unaware.

People in general do not know how to create a humanistic environment. They must learn how through trial and error, feedback, and change. From this process of trying, they could learn. But to do so requires freedom to experiment and to make mistakes. It requires an environment that in itself defines these mistakes as steps toward a higher state of understanding in the normal growth process. Thus far there are few institutions which offer this support. Instead, institutions tend to verbalize a humanistic philosophy while using behavioral and social controls. Humanistic philosophy becomes little more than a disguise for perpetuation of simplistic, unproductive techniques for rendering humans amenable to control. The transition does not really happen; the institution says one thing and does another. A 1975 school pamphlet on student rules and responsibilities clearly illustrates this duality of philosophy and performance. The philosophy in the handbook emphasizes the importance of choice and responsibility (acceptance of consequences), as determinants in providing the basis of human dignity and worth. Choice and responsibility are propounded as rights of the students, which, if usurped by any person or system, would contribute to the destruction of human dignity. The duties of students, however, conflict with these rights. The duties of students are to "comply" with the rules, to "pursue the prescribed course of study" by using the "prescribed" textbooks, and "submit" to authority. The transition from verbalizing a humanistic philosophy to creating a humanistic environment is not made.

Culture

A culture, like a person, is a more or less consistent pattern of thought and action, with particular goals and a conglomeration of experiences (Benedict, 1934). If the culture is genuine and viable, it demonstrates a unified and consistent attitude toward the positive, unique, and intrinsic worth of persons and life. A genuine culture meets the standards of achieving human (humane and humanistic) ends, encouraging liberation of human spirit (psyche) individually and collectively, of technologies being subordinate to indispensable human services, and of its institutions being harmoniously designed to produce both the necessities and the essence of human existence (Morris, 1961).

In this sense the United States does not yet have a genuine and viable culture established. It has only the potential. Growth and progress have occurred in some areas, but not in others. In general, the culture has developed to a point at which transitions are needed. For the majority of people, basic needs at the lower two levels have been satisfied. Our people and their institutions are now at the threshold of the third level. The culture is searching to develop love and belongingness, identification, mutual trust, and social order. But this is also a country of habituation, conformity, authoritarian control, and exploitation of self and others. Belongingness often becomes ownership and control; identification becomes ego; mutual trust becomes over-zealous dedication to others and justification of any means; and social order becomes slavish obedience.

People need to learn healthy ways of interacting with others and with the environment. Synergistic behaviors must be modelled, and circumstances favoring emulation of the models must be facilitated. Each person must be responsible for his own growth and positive fulfillment of these needs. Perhaps then a unified culture of many parts could form and endure, capable of making the transitions because healthier attitudes and methods had been developed. It is people, myriads of persons, who have designed and executed what "is" today. Their problems, drug abuse included, are symptoms of their culture. When this country has 560,000 drug addicts, 9 million alcoholics and problem drinkers, 4 million people considered anti-social, 5.5 million emotionally disturbed children and teenagers, 10 million neurotics, and 6.5 million people considered mentally deficient, there is a reason (Coleman, 1972). If in one year we have 20,600 murders, 55,210 forcible rapes, 441,290 robberies, and 542,720 assaults, there is a reason (Uniform Crime Reports, 1975). When over one million children suffer and 2,000 die each year from abuse and neglect, there is a reason (Besharov, 1975). That reason is people.

People react aggressively to others and to the environment when healthy growth is frustrated or stopped. They are on a "down" cycle and can"t find a way back "up". They perceive "the system" as one which is hostile and uncaring. They have learned much from abuse by others and they retaliate. Many resort to self-abuse through drugs and psychosomatic physical illness. Many retreat, choosing "insanity" over facing the pain involved in non-growth. Everyone is responsible. Each person establishes an environment according to his own world view. The culture will change as people change. There is no excuse for this culture (its people) not to make the necessary transition. The previous stages have been negotiated. Positive growth can continue. The resources and knowledge are available. But all this requires a shift. Different priorities must be adopted. Humanistic ends must be envisioned and means by which to realize them must be created. The environment must be clearly perceived as it now is; then the alternatives may be conceived.

The Environment

What gives man freedom in any environment is choice. Choice is an inherent characteristic of man. Unlike the other animals, he is provided with few, if any, instincts that might guide and control his behaviors. He has been freed to learn, and forced to make choices. Even to refrain from choosing is a choice, a choice of relinquishing the self decision-making capability.

In order to choose, man must first be aware of alternatives. These are alternatives within himself and in the environment. He must know his own competencies, from the learning produced during trial and error problem solving. He must be skilled in assessing reality and, if necessary, in creating possibilities that did not before exist. For his choices must provide more than adaptability; man reshapes himself and the world through choice.

The environment provides this learning.

But choice may become illusionary. When alternatives are only variances of sameness, or when enticing consequences establish habitual selection, choice becomes response, a reaction to conditioned stimuli. This is no longer choice, nor even a semblance. It is an illusion, maintained through positive reinforcement, designed to keep man operating within pre-established limits. As long as man behaves according to prescribed socialization, he sustains this illusion of freedom. When he does not behave accordingly, he faces negative consequences and punishment (Skinner, 1971). This has become the "American way". Today's institutions are based on a combined system of punishment and positive reinforcement. For man to be freed, he must understand how he is controlled and seek alternatives.

Punishment. Punishments may be overt or subtle, ranging from jail to placement in a nursing home, from loss of material possessions to denial of opportunity to earn a living, from death to incapacitation of psyche. Norms, rules, and laws are supported by punishment. Seldom, if ever is a person praised for obeying the law; but he is punished when he knowingly breaks it. Nor is the law "fair". It is a controlling device, designed to meet the needs of the majority. Norms, rules, and laws operate best in a culture of lower level development; they eventually conflict and detract from higher levels of development unless they are extremely flexible and susceptible to change.

Reinforcement. Positive reinforcements in this culture are for the most part external. The intrinsic reinforcements of happiness, satisfaction of curiosity, self-growth, and love have been too little used as natural positive contingencies. Instead, they are mimicked, becoming pseudo-intrinsic motivators used in negative reinforcement or control through threat of denial or withdrawal. The intrinsic reinforcements thus imitated can, like the lower needs, become substitutes preventing positive growth (e.g. happiness becomes pleasure, love becomes expectation).

Extrinsic reinforcements operate pursuant to four major schedules. Some schedules control the person's behavior quickly but must be continued to keep control in effect (continual reinforcement). Others are more subtle and slow in developing, resisting extinction throughout a lifetime, the person remaining unaware of the control or unable to perceive any alternatives (intermittent reinforcement). Most institutions use the latter form. The four basic schedules are: (1) fixed-interval, (2) variable-interval, (3) fixed-ratio, and (4) variable-ratio.

The *fixed-interval* provides reinforcement at regular time intervals, regardless of the number of emitted responses. This is exemplified in the weekly wage, quarterly grades, yearly vacation, and twenty-year retirement. The behavior resulting from this schedule is especially stable, varying only with the length of the interval, the type and amount of reinforcement, emotional circumstances, and the deprivation level of the organism. In this schedule the rate of response tends to be low for a period of time after the reinforcement, accounting for low production on Mondays, following a vacation, or at the beginning of a new school quarter.

The *variable-interval* schedule eliminates this low probability of response following reinforcement. Here, reinforcement occurs at different intervals, based on an average or mean time elapsed. One interval may be a day, another two weeks, giving an average weekly reinforcement. This is characteristic of on-the-spot evaluations for raises or renewal of contracts or surprise bonus quizzes at school. This schedule is readily associated with reinforcement through punishment avoidance. Witness quality control inspections, tax audits, and unexpected parental visitations to see if the children are behaving properly. These simply act as check-points to find out if a person has maintained the appropriate behaviors. The person never knows what to expect or where. Under this schedule most people's performance is remarkably stable, uniform, and resistant to extinction.

A third schedule no longer concerns itself with time intervals, but focuses on a ratio or a certain number of responses. The fixed-ratio reinforces the person after a certain number of appropriate responses. Generally the ratio is small at first (1:5 or even 1:1) and then increases to make phenomenal demands. The rate of response is limited only by the eventual fatigue or strain imposed on the organism. In the everyday world this ratio is used in piecework salaries, commission on sales, and points or partial grades given on papers and completed parts of projects. As with the fixed-interval schedule, one weakness is evident. People find it difficult to get started at first, and usually must pour in make-up efforts as the reinforcement point draws nearer (cramming for exams).

The variable-ratio schedule eliminates the flat spots encountered with the fixed-ratio schedule, thus maintaining an extremely high rate of response, which often occurs even during reinforcement. This schedule varies the ratio over a considerable range (1:2 at first, then 1:50 or 1:75 or 1:10). The person is unable to predict when reinforcement will occur, hence responds indefinitely while waiting, hoping it may happen an moment. Gamblers are typical respondents to this schedule, as are many externally motivated or materialistically motivated artists and musicians. Gold miners, business entrepreneurs, inventors, and politicians share in this schedule, each taking his chances at trying and succeeding maybe once or never in becoming a success. Oftentimes this appears to be the schedule for dreamers, risk-takers, and transition makers.

Usually more than one schedule of reinforcement is operating to condition a person. Schedules are combined with each other, or may be combined with punishment. The person is reinforced to do what is expected and is punished if he does not. The choices become what type of reinforcement? How much? When?

Schools

Schools are perpetuators of knowledge and data. The knowledge comes through the process of learning problem solving skills, which in turn gives rise to motivation for further search. Knowledge is learning to question, answer, and communicate the findings. Knowledge is the process of problem solving that is learned through identifying a problem, seeking alternative solutions, creating new integrations, researching, communicating, and redesigning the problem. Knowledge exercises subsidiary awareness. Data is the final product derived from knowledge. Data strengthens focal awareness.

The American school system generally emphasizes focal awareness. Schools teach data; they require students to memorize data; and they measure regurgitation of data. The products derived from knowledge are often viewed as more important than the problem solving process. Schools in this sense teach a "history" of the learning process, not the process itself. It is a lower level of learning similar to the lower levels of human and cultural growth. It teaches ways of coping and adjusting to the controlling environment rather than how to express self and transcend imposed limitations.

Most schools are institutions of control. They emphasize obedience, conformity, security, socialization, habituation, mechanical interaction, authority, and competition. School is compulsory for most youth and is predesigned to generate adult-chosen competencies. Degrees and grades are offered as reinforcements, and denial of access to certain vocational goals is held up as a potential punishment. When the child cannot adjust, it is viewed as the child's problem, seldom the fault of the system. If students are truant, they are threatened with punishment and forced to return.

The schools have become a self-perpetuating system using control as a means of maintaining this perpetuation. When students rebel by dropping out, or by purposeful destruction of the system, further control has been the answer. In general the schools fail to realize that the rebellion may be healthy frustration expressed by people who are constrained within a system that neither listens to nor cares about the person.

For example, in an assessment of local needs for counseling in elementary schools (Ashland - June, 1975), teachers reported the following problems most frequently manifested by children with problem behaviors: poor peer relationships, poor self-concepts, aggression, hyperactivity, lack of self-control, withdrawal, lack of motivation, and lack of personal responsibility. An average of 3 children with major problems and 2.5 with minor problems were reported in each classroom. The most frequently suggested solution to deal with these problems was the services of a counselor. Less popular solutions were lower class loads, more aides, more remediation, more training, more physical education, and policy changes. Here, as in most schools, the problems of these children were considered solved by counseling or teaching the child to adjust better to the school system. Counseling these children meant further adjustment of their selves to fit the system. It was not recognized that poor peer relationships and self-concepts might be attributed to the competitive nature of the system; or that aggression could stem from frustration of self-growth; or that hyperactivity and lack of self-control and responsibility were displayed because the children were bored.

Students (and teachers) within the school system have become mere products. To be properly stamped with approval (degree), they must demonstrate pre-determined competencies whether these are relevant to real needs or not. To facilitate implementation of the required data and competencies, the schools have been divided into grades, the days into hours, and knowledge divided into parts. Behavioral management plans with specifically selected reinforcement schedules are implemented to further persuade students to become competent products. Counseling is offered to those who are at all recalcitrant toward moving in these dictated directions. And finally, special classes are forced upon many who are not learning as the schools expect. Should all this fail, the student is expelled, dismissed, and labelled a failure.

The schools do teach students certain cognitive skills and data. The education system provides the student with the proper socialization needed to survive and cope in this cultural environment. Schools offer students a common place to meet and interact. As an institution of continuing study, it keeps students out of the work force, away from home, and off the streets. It provides opportunities.

Emphasizing cognitive-focal learning, however, the schools provide few alternatives. Students who choose to develop in other areas of human growth such as self or the creative arts are left to find resources outside the system. Teachers tend to teach the way they were taught and to teach only what they know. Seldom are they capable of providing alternatives. Seldom are they encouraged to do so. They are hired because they fit within the existing structure.

While training the mind, the school is stunting the self or psyche. It is doing so because of the means it uses to teach. It is doing so because the subsidiary message with the focal data is telling the students that they are incapable of guiding their own lives and of learning to learn. Students are being taught to be passive recipients of data accumulated and taught by experts. They are being "cured" and treated as though they were diseased, rather than being viewed as healthy, needing only alternatives and freedom to choose for self.

To most of these students, learning, as it was "done-to-them", stops after school. Without the system to reinforce them and control their choices, they simply stop trying. They do not believe in their own abilities to learn without a teacher or class model, nor do they have the original childlike motivation and desire to know and understand. They have been taught the data focally and taught dependency subsidiarily.

Learning has stopped for these students after they left the system because self growth stopped for them while they were in the system. The emphasis in school was on the "mind". The psyche had been ignored. If given the freedom after school they no longer know how to respond; they have never learned. They have been taught through word and action that learning takes place in a highly structured special environment away from normal experiential situations. They have been told that teachers know best. They have been told their attention spans do not extend beyond forty-five minutes. They were told that a degree is prerequisite to being "OK". They have been separated from others of different ages, been taught to compete, and have learned to ignore their peers who sat beside them. They have been reinforced, punished, and shaped into learning and being what others have chosen for them. They have seldom been asked what they wanted, nor given the time to find self.

Families

What is wrong with the schools is wrong with families and with every institution of this culture. At one parent-school administration meeting in this local area, adults had gathered to determine what was wrong with the school system. The parents felt that students had not been given enough responsibility. Locker areas had been closed to students in the early mornings. There had been a lack of communication, lack of a challenging and stimulating curriculum, too much emphasis on competition, a lack of homework employed to teach self-discipline, and a lack of trust. The parents wanted a certain type of education for their children. They had spoken up. But in all this, where had been the students, the children? Had anyone asked what they wanted? Why had they not been involved in these discussions?

If the students had been asked to participate, could they have done so? Would they have had the necessary skills in decision-making and communication? It is doubtful. It takes time and practice to learn self-direction, and students had gotten little opportunity for these at school or at home. They hesitate when asked to make self decisions, being confused and unsure. This hesitancy is used against them, defined as a state of inability to learn how to guide self rather than seen as a temporary hurdle daunting them because choice is seldom offered. As one parent had put it during the same adult-school meeting, a person does not allow the inmates to make policy and run the system. That, regretably, to many parents, teachers, administrators, and students is how the child-student role is defined.

One of the reasons schools have a hard time changing is parents. Parents are over-critical of innovative efforts and are usually less concerned over inadequacies already sanctioned by tradition. They do not expect the school's philosophy to differ greatly form theirs. They expect the child to learn the same values and the same ways of thinking. They expect their children to learn what parents have told the schools their children should learn.

While parents then blame the schools for failure to make good "students" out of their children, schools typically perceive the home as the source of the child's problems. In the needs assessment survey discussed earlier, teachers stated overwhelmingly that home problems were the major concerns for students, including neglect, broken homes, and overly or underly protective parents.

In the same survey, most children, when asked how they could be helped, stated that they would like to talk with someone, if the conversation were confidential; but home intervention would be unacceptable. The children did not want the school involved with the home problems chiefly because they believed their parents might become upset. They were hesitant to openly discuss their problems for fear that their own strivings toward health might somehow anger their parents. The fear could have been real or imaginary, but the fear itself prevented the child from reaching out, especially in the school environment.

It is the parents' attitudes toward school and life that determine in great part the healthy growth of their children. Through parental modelling and a democratic home environment, the child can learn to develop independence and self-direction. In an authoritarian environment the child learns to obey, be dependent, or rebel. It is the parents who help establish childhood and early adolescent values. It is the parents who significantly influence the adolescent's vocational choice and interest in school (Mussen et al., 1974). Parents must accept the blame as readily as the credit.

Above all, what is important in the family is communcation and facilitation. The authoritarian, inflexible parent approach works on children until a certain stage of development during youth and then no more. If communication has not been open up to this point, the adolescent pulls away, seeking elsewhere for self growth; he does the same in school. He will probably do the same in life.

Communication is difficult for people. As Carkhuff pointed out, few people genuinely share or can develop an interpersonal relationship beyond the second level of mechanical interaction. This includes parents and children. Perhaps the parent-child role makes this more difficult. But many parents seldom communicate in depth even with each other. Without modeling, the child knows no way.

Communication requires effort and risk. It is a learned process. A major part of communication is listening and trying to understand the other, not trying to convince the other what is best or right or what should be done. A child or adolescent needs a sounding board, to reflect what he says. He needs someone to care and give support. These children are people, struggling to become self; they need permission to grow and make mistakes--to be human. Parents must communicate that permission.

It is in fact non-communication (non-permission) from the parents that begins to close the child. He learns what not to discuss by observing what is taboo. Sexual intercourse, self, and drugs are typical interdicted areas. Non-discussion shuts down the communication but not the human drives and curiosities, nor the experiences of life. If the youth ventures into these areas and becomes confused, where can he turn if the parents will not listen?

Creation of Complementary Alternative Resources

It is not that today's schools are bad, or that families are incapable of providing for their children. There are some exceptionally competent schools and families, as well as many incompetent, and many above average. Most schools and families do what they have been designed to do. The families provide a basis of trust and interpersonal sharing, modeling, language development, values, motivational attitudes, and support. Schools provide cognitive development, socialization, and personal interaction. Both provide skills and teach coping.

Families and schools have been designed to do just that, to teach children to learn to cope and adjust within a social environment. In this culture, they have combined to give an immense amount of opportunity to people. The positive far outweighs the negative. But they have been designed to go only so far. Beyond that part, a transition must be made to help the student-child go further toward the more expressive, self, developing needs. The concern is whether or not these institutions can make that transition.

To develop self requires mental health, a process of maximizing meaningful relationships, releasing inner potentialities, accepting one's self, and maintaining a symbiotic relationship with the environment (synergy). To develop self requires choice, freedom, awareness, and control over one's own life. To develop self requires a conducive environment which is itself seeking alternative ways and resources for enhancing positive, healthy growth.

Schools and families can do so much. If transition were undertaken, they could do more. To make this transition, however, requires an environment conducive to their growth and resources. Schools cannot change for the positive as long as they are imprisoned in a hostile environment, nor can recrimination facilitate cohesiveness in families. Fear of making mistakes prevents learning and growth. Something must be done beyond constructive analysis and criticism. Systems are comprised of people, people who need to learn to make the transition for the sake of their own selves. To help the systems means helping people (teachers, students, parents, and administrators alike). When each person has made the transition, he will be able to help others do the same.

In assisting system growth then, the focus is not on saving the world or the system all at once. Doing so might actually produce more fear and less openness to change. Institutions do not need to be saved or cured; they are not ill or diseased. They are instead at a certain place of development and need alternatives, a conducive environment, and support. Analogously, a gardener does not destroy the seed to create a plant. The gardener nourishes the seed and through this care, a plant emerges. In both methods the seed is gone; but the first approach leaves neither hope nor life, while the latter actualizes existing potential.

Analysis of the environment and systems has shown that cultural, school, and family development is generally on level two. The major emphasis remains one of coping. The means of providing growth is Darwinian, based on behavioral-reinforcement schedules, punishment, control, competition, and survival. People within the systems are at a developmental stage in which they are ready to grow beyond. What is needed is help.

As already noted, psychological knowledge has focused on abnormalities and behavioral laws. Little was known about mental health. It may be in this field that the transition must come first. Psychology is the study of the psyche, the self, not the study of behavior, thought, emotions, or parts (thymology). Helping others achieve mental health means achieving mental health and knowledge first. Risks must be taken, trial and error must ensue. Learning "to be" and express self means breaking away from established security and going beyond, toward further maturity.

Maturity means being able to give and receive love, work productively, grasp reality, accept responsibility, have a non-destructive positive attitude, being flexible and adaptive, capable of using leisure time, and being creative (Saul, 1971). Maturity means having these attitudes, and enjoying being who one is, not controlling or forcing self and others to display any preconceived characteristics. Maturity, mental health, and self development come from within, as a process of normal human unfolding. Trying to force this process destroys the potential.

What is needed then as a complementary alternative is a means of aiding people to become mature, healthy (physically and mentally), and self-actualizing. A conducive environment is needed to provide alternatives and resources, including people who are in the growth process and can model transitional development. The means must be an end in itself. The means must equal the humanistic philosophy. If the means do not fit, new ways must be created. This implies flexibility, openness, feedback, and willingness to change.

The environment (system, program, means) cannot be pre-determined. Overall goals such as health and self-actualization may be chosen, but pre-established competencies and step-by-step objectives will not work. The humanistic environment in essence, is people interacting with the universe. It is their needs that must be met, according to their own unique life styles. From their struggles to continue growth will emerge the design, which will change continuously. There is no one set path for everyone, no "Answer". There is only a process of which people are subsidiarily aware.

Chapter 4

PHENOMENOLOGICAL PROCESS

The "us" project created an environment of alternatives that in return aided people to become mature, healthy, and self-actualizing (thus precluding any need for drugs). It was developed through process and change, and it came to have a Gestalt personality greater than the sum of its parts (individual people). The project embraced three main areas of concern: counseling-prevention, research, and administration, in that order of priority. People came first (counseling), then knowledge (research), and finally, from these concerns came institutional-system support and gain (e.g. fulfillment of the proposal).

These priorities were established by the philosophy and rationale of the proposal, and by the granting agency. The prevention branch within the National Institute on Drug Abuse (NIDA) was intended to help develop drug abuse prevention methods. The institute's purpose was and is to help people. To help people nationwide requires that locally developed knowledge be disseminated. This requires research and education. NIDA supports and funds research and educational efforts. In return, NIDA expects certain guidelines to be followed and certain recognition bestowed. That is, legislators and the executive branch must be convinced that what NIDA does is worthwhile. This is the institutional-system support and gain (a primitive form of synergy).

People--Counseling

The program was a micro-culture of generations. It became an extended family with children, adolescents, young adults, and older adults (seniors). Fulfillment of needs according to a limited age category would not prove sufficient. The program was required to nurture everyone involved. Healthy people helped others become healthy. An environment was required to benefit people from the ages of 9 to 77 (the youngest and the oldest who were in the program for at least three months). Age did not count, self-growth did. The program could not be a nursing home nor a children's center. Everyone had to find a place and a feeling of useful belonging according to his or her individual developmental stage. This required an understanding of the different people; it required "growth-counseling" and "growth-training".

Children (9-12)

According to Rosen et al (1964), referrals to mental health clinics tend to peak for children aged 4 to 7 years and 9 to 11 years, and for adolescents aged 14 to 16 years. These seem to be transition periods when special resources and alternatives must be made available to help healthy development unfold. The "us" children were in the 9 to 11 years transition period. Those whose growth had been blocked displayed characteristics of personality and behavioral problems, school failure, learning difficulties, delinquency, aggression, anxiety, and drug use or abuse.

These symptoms, as discussed earlier, are best used as indicators of blocked growth, not as predictors of future problems. They are the child's way of asking for help beyond what is being offered. The child's environment is changing in this period. Play groups that provided learning and sharing, no longer do so. Newer groups are forming. Boys are pairing with boys, girls with girls, and there are fewer chances for different sexes to communicate. Sexual identities are forming; for some, puberty is starting. Younger girls are outgrowing their male counterparts. Self is changing. The children need to discuss this process with older peers and adult models who will listen and understand.

Frequently, parents do not perceive the problems within their children. They assume their children will ask them for help. Or they assume the schools will handle the problems. But the schools are overloaded with children. They are not designed to deal with these issues of self. Many schools at this age-grade level do not have counselors. Many counselors are only truant-disciplinary officers, who help the teachers cope by adjusting the child to "fit" without further disturbance, rather than help the child develop self. His peers cannot help. They too have their difficulties, or they have become judgmental and their acceptance of others relies on school and parental values. These peers cannot understand the troubled behaviors that signify blocked growth.

Children at this age are shifting self-development levels. They are moving from level two (see synthesis-growth chart) to level three in most areas. The child's values are changing from moral absolutes based on survival and ego-need satisfaction toward moral relativism based on social order and mutual agreement. Identification and self-awareness are beginning. Industry and competency are important factors. The child wants to learn to create works that make him feel capable. Cognitively, the child is beginning to use concrete operations that require accommodations rather than assimilation. At this stage, increased experimentation and trial-error occur, with the child learning awareness by experiencing the natural consequences. Getting beyond the fear of trying remains a cognitive and self issue at this age. Motivation is toward others and developing interpersonal relations, toward love and belonging. The child reaches out genuinely, discloses self voluntarily, and begins having an impact on his world.

The above factors are positive development characteristics. As the child progresses toward healthy adulthood he actualizes the third level potentials.

If, however, access to health is blocked, frustration pushes the child toward less healthy avenues. Values may remain based on moral absolutes, shifting from parents to peers or authority. Identification becomes confused with definitions imposed by or sought from others. Competitive oneupmanship replaces competence. Conformity outweighs love and belonging. Growth becomes sidetracked and the lower stage transition is thwarted. If no one actively reaches out to the child, he may stay at this level, using whatever methods he learned to satisfy his needs. Thwarted in growth, he may resort to escape, through drug use.

Adolescents (13 to 20)

When children have finished their transition from level two to level three and have stabilized, another transition period begins. This is early adolescence, the period from 14 to 16 years. At this stage the transition is more subtle, not so much a change in levels as a change in approach and world view. At this age, the third level is established, and the third level needs are being fulfilled, in one way or another, healthy or otherwise. In most cases, the person is coping. Identity is forming, along with a concept of group status, awareness, and rational thinking. Cognitive development has advanced, providing another prerequisite for further ego (self) and value growth. The adolescent is ready for change.

It is here the adolescent chooses his definition of self and man. He chooses between a life style of coping within environmental controls supported by reinforcements and a life style of healthy self-expression beyond pre-defined limitations. Both choices take the adolescent toward the fourth level, but the former stops there while the latter continues to seek beyond. It is at this adolescent transition stage that a person decides to stand firmly for self and risk the consequences of failure, or to conform and adapt self to the social environment. Neither choice guarantees success, but the short-term risks seem fewer when self-adaptation occurs. Most people choose the conforming path, where society provides simple opportunities and reinforcements to enhance further development toward the fourth level.

A minority of adolescents however choose to risk. They remain open, searching, questioning, and demanding self-responsibility. They expect freedom to make mistakes, to exercise control over self, and to find a conducive environment. When these are denied, they rebel. They look elsewhere, creating their own environments if need be. With help, they reach the fifth level. Without help, they may not reach even the fourth. They may become society's heroes or society's rejects. In either case, they stand apart, having tried to grow beyond the cultural growth parameters.

The turmoil demonstrated in adolescence comes from the transition. It is a turmoil of choice or non-choice. Adolescents are in limbo, at an impasse. They seek solutions to ease the despair; they follow the methods modelled by their culture; they act out the symptoms displayed by a culture trapped within its own morrass of confusion. They develop mini-cultures within their schools, focusing on status, social cliques, sports heroes, political popularity, gossip, mistrust, drug use, and willful destruction of others. It is a miniature of their perceptions of the world. What is wrong and right with adolescents is what is wrong and right with their culture. They are trying out the roles, making ready for choice.

Self becomes critical at this stage, for it is in accordance with definition (concept) that the adolescent makes final choices. If the self-concept is negative and low, available opportunites may be ignored, considered beyond reach. If the self-concept is unrealistic, he may hold uncompromising expectations. If the self-concept is positive and realistic, he has a chance. From this base he can make potential choices, assessing his own competencies from his past experiences and successes.

Here, the environment can facilitate or preclude healthy transition. The adolescent is struggling to break free from previous childhood behaviors and solutions. The adolescent needs freedom to make self-chosen changes, facing the consequences, learning and growing beyond. If this freedom is not given, if he is continually controlled and frustrated, growth is blocked. The adolescent is forced to resort to earlier childlike behviors or to relinquish self.

If the environment provides the adolescent with support and freedom, healthy growth continues and healthy choices can be made. Ideals can be tested, freedom enjoyed, and controls challenged. The adolescent becomes self-motivated, requiring less external impetus. He will pull his behaviors up to fit his realistic ideals. The search shifts from rebellion toward positive change, helping self and others. It is these people who challenge their own culture and system, critically questioning prejudice, pollution, dishonesty, closedness, loveless marriages, and meaningless existence. It is they who can pull society through the transition toward healthy growth.

Adults (20--)

Children and adolescents need healthy models to observe and learn with. These models, in order to pull the younger person toward health, must have already struggled through the transitions or be in that process. They will need to model selected choices and paths, each fitting individual needs and motives. These are the adults.

Adulthood is divided into three stages: young adults, middle, and senior. Arbitrary ages may be set from 20 to 35 for young, 35 to 50 for middle, and 50 plus for seniors (the project proposal defined seniors as 55+). Each stage allows changes, different, not because of age, but rather because of developmental progress. Young adults are experimenters, seeking to try their competencies in society. They begin vocational careers and establish families with a zest unmatched in later years. They are seeking for the most part the fourth level characteristics of self-esteem, rational thought, generativity, ego-transcendence, world concern, individual rights, and self-awareness. At this stage ideals are challenged by realities, and self-accommodation is required. Living within a society while independently surviving on one's own abilities becomes the challenge. Added responsibility is accepted. This is a period of hope and striving, of acting out earlier adolescent choices.

Toward the end of the young adult period, the person begins to know whether he has made the right choices during adolescence. For most, the choices have allowed them partial attainment of the fourth level or have at least established satisfaction on the third level. They are basically between levels three and four and will vacillate throughout adulthood. A large percentage discover that their choices were erroneous, that the security once afforded by the more conservative, accepted path of development is now not important. They have another choice to make, a difficult one. By now they have established their niche in the environment, with family, vocation, and interpersonal ties. To change may mean to disrupt these areas.

Middle adulthood is the period in which the individual chooses to actualize earlier decisions, in so far as possible, or to make a radical change. For the former choice, society provides the most promising reinforcements, and in return, this person spends a solid few decades giving energy and productive effort back. The latter choice brings upheaval, a radical change bringing temporary and possibly permanent set-backs within the societal environment. Many of the valued reinforcements previously sought must be abjured. Self growth becomes a focal concern.

To most people, radical change at this stage is not easy. Vocational shifts, family separations, environmental relocations, and instability of world-view are typical consequences. If transition occurs, these efforts and losses seem worthwhile; if not, the question of doubt remains. Many people suffer these losses without even finding the understanding and guidance to grow further. They just "feel" everything is wrong, but do not know why. Others choose and paths open easily, but the people they leave behind do not understand. Pain is part of the growth process and change.

The person who perhaps advances furthest during this middle adulthood stage is the one who chose during adolescence to follow the path of greatest risk, toward self-unfolding. For him the start may have been slow, but it was continuous, and an inner strength has built, giving further impetus to healthy process. Significant relationships have been firmly developed, along with self-esteem, synergy, and a concern for others. This person can continue toward the fifth level.

Senior adulthood brings the final major transition period in life (excluding death). This stage provides the most individualistic adjustment challenges to the person, according to previous life style and development. It is a transition similar to adolescence, with hormonal-physiological changes, a search for meaning, a quest for living, a struggle for financial and self-independance, security, and a serious "looking" within. Self-actualization, universal consciousness, sharing of inward search, integrity and meaning in life, universality of human dignity and worth, and intuitive thinking become life concerns.

This transition may be either the easiest or the most difficult of all, dependent on the person's previous life choices and the environment. Previous health is a significant factor for transition. Individual behavioral and emotional strengths play a crucial role for most senior adults. They are "thrown" into a place of existential choice, being cast out of vocational roles and family. If they have previously learned to make healthy choices, be open, flexible, tolerant, genuine, understanding, spontaneous, questioning, and self directed, transition is not difficult. If they have not developed these qualities, transition may bring "crises".

An important factor is the environment, including significant individuals who can provide support during transition. In this society, senior adults do not have clearly defined roles. Culture has previously reinforced the roles of motherhood, sexual symbol, productive worker, and consumer. In senior years, with today's typical nuclear family, aging physical body, lessening of drive and capacity to produce, and consequential reduction in spending power, these roles become useless. If the senior has previously depended on these definitions and not on self growth, when the roles play to a close, emptiness remains. In the subsequent loneliness, confusion, despair, and self-ego-centeredness, seniors may develop compensating habits of overtalking, forgetfulness, and dependency. They become labelled and cast aside. They stop trying and growing, the self, mind, and body all deteriorating through a lack of exercise. They become less sensitive to others, less able to communicate and reach out, less capable of growth and transition.

Just as they are for children and adolescents, alternatives and advocacy are needed here. With viable resources and interpersonal sharing, growth can be maintained. Through a process of remaining worthwhile to self, others and culture, the senior adult can retain dignity and worth. Yet is must be at a self-chosen pace, fitting to senior years and needs. It is a special time in which quality of effort, not quantity of production, is important. Numbers and years no longer count; style of life and people do.

Growth Counseling and Training

In order to help people develop along their own chosen paths relevant to their own age and place of development, an environment offering numerous alternatives and positive supports is essential. Activities that reactivate self-motivation, curiosity, an urge to explore, and risk-taking need to be provided. These activities must be intrinsically reinforcing and self-chosen, rather than externally reinforced. These activities must be of various degrees of complexity and difficulty, providing an increasing challenge to competency and growth. Play must be a key focus, instilling joy and zest for living.

Counseling in this environment is not to be cure oriented. Counseling becomes advocacy, supporting others as they learn to choose and act in a more open environment. Counseling facilitates change in the person who seeks less dependency and more independent responsibility. Counseling in this sense is reality oriented, based on allowing the person to choose, make mistakes, and face natural consequences in a non-additive, non-punitive environment. In this milieu the person can reflect and examine the process, learn, and make better choices, allowing self to unfold. A special discipline must be learned not from being rule-bound, manipulated, or "will"-directed, but from becoming inner directed and excited about finding one's own path toward self-actualization. It is a discipline of inner guidance capable of rejecting external control and reliance upon external answers.

The child, adolescent, adult, and environment must always be ready to risk failure in order to allow success. Pre-designed objectives cannot be established as criteria for everyone to follow. Fears cannot be permitted to produce rules and limitations which impede choice and learning. People can suffocate under controls; growth can be arrested; joy in sharing can be destroyed. No one knows the best way for all. Each must decide for self. This requires risk by everyone. Risk often produces pain. Pain provides impetus for growth within the proper environment.

Guidelines should be created when needed. Helping others unfold in an atmosphere of advocacy does not mean laissez-faire ego-fulfillment without concern for others. People need to develop positive synergistic attributes. People need to learn to communicate. Until they do, negative behaviors can remain detriments preventing the healthy growth of others. Blocking these negative behaviors and attitudes must take place. Feedback and challenge may be essential. But in all cases, positive alternatives and loving concern must be simultaneously offered.

By combining different age groups, an extended family and microculture are developed. No one group can be ignored nor freed from responsibility to the "family". In-depth interpersonal relationships require effort by each person involved. The joy comes after the risks of self encounters, as fruits of labor. Self-growth becomes analogous to physical health, requiring regular exercise that might at first be "coached", or externally motivated, but becoming instrinsically motivated as the reward of feeling healthy unfolds.

As with all growth, regression can occur. People who are healthy physically and mentally will deteriorate if regular exercise does not continue. Physically, this means remaining active; mentally it means making choice. It becomes essential, therefore, that people learn to rely on inner motivation rather than external prodding and reinforcement. Schools, parents, bosses, and counselors may not always be present to make choices and determine "best" directions; but others will come to take their places, selling commodities people do not actually need, "selling water by the river" (Kennett, 1972). Self-direction and healthy growth is already within, needing only to unfold and be realized.

Training means providing a conducive environment with numerous alternatives, advocacy, and teaching people to do the same for others. Training teaches people to help self and others. This means that trainees experience first what they are going to help others experience, including joy, pain, despair, hope, openness, disclosure, frustration, problem solving, and growth. A healthy person is an advocate, one who understands because he is living the process.

Counselor-advocates help others by modeling healthy growth, yet it is critical they do not become bogged down in their own problems. A shift must occur, from ego-centered self-transition toward high synergy sharing of transition with others. Trainees need to learn awareness, to listen, to observe, to reach out, to give and receive feedback, to assist in crisis, to be responsible, and to care. They need both a focal awareness of competencies and skills, and a subsidiary awareness of philosophy and the humanistic world-view. A balance must be found between self and others, philosophy and skills, and didactics and experience.

Modeling healthy growth assumes self-development is in progress. Counselor-advocates model health after they have found their own paths and ways of helping. Some may prefer to share in quiet, others in active challenge. Some may be cognitive centered with clear insight, others emotionally centered with clarity of feeling. Each person develops his own superiority and methods of reaching out, according to self-potentials and previous environmental resources.

Life counseling and training are outgrowths of finding self within the world. These outgrowths come from experiencing openly what the life process offers, making the best out of what is. Growth of this type requires more than pseudo-experiences created in artificial settings. Learning to live fully comes through the existential knowledge of defining self through real-life experience with the world and others. Quality of life counts more than quantity of experiences, especially pseudo-experiences.

In training and counseling, it is not only what the person does, but how he does that matters. Training and counseling can be empty techniques, insistent on method rather than purpose, stopping healthy growth. There is no set way to produce healthy human beings. Life evolves out of choices and chances, there are no guarantees. The best a person can do is to be responsible for self and to help create a supportive environment in which others find their own directions, learning to share the process with high synergy.

Research-Knowledge

Research is a studious inquiry into problems that beset mankind. The researcher seeks to discover and interpret new facts that might revise and strengthen traditional theories, or that might inspire more fruitful ones. Often, the results from research are heuristic, requiring still further investigation before the knowledge can be applied.

Research is inspired by both a curiosity to unravel the mystery of life, and an awareness of the ignorance that yet remains. Each answer in itself may add to ignorance while satisfying curiosity, being considered a "truth", until research later challenges that false assumption. Or an answer may be rejected because of vested interest in the status quo and fearful distrust of new ideas. Research and the data produced, may in itself be used in a positive or negative fashion.

When research does become misused, it is too frequently done so because people have placed science in a position of worship. Research itself becomes the end to justify the means. An absolute awe of science replaces the mystery of life and recognition of remaining ignorance. When this occurs, research becomes dispassionate and "objective", no longer able to affect the researcher by process. The dispassionate researcher cannot feel the effects occurring within the individual experimental subjects; there is little empathy and understanding.

Not being involved in the process, places the researcher outside, as an observer. Knowledge of the process becomes secondary, based on personal perceptions, whether measured by research tools or subjective insight. If other people observe the same phenomenon, obtain the same results, and interpret the same, this provides consensus. But it remains only consensus, not truth, especially when researching people.

Knowing people means being a person too. Researching people means being involved in the process of experimentation, together with the experimental subjects, obtaining the intuitive perception of what they, as people, have experienced. This involvement provides a new dimension, and a safeguard, because the researcher can feel and understand the effects the experiment is having on the living organism. Being-in-the-experiment means the researcher is changed and affected equally by the experiment, others, and self.

Becoming involved in the process produces biases however, which must be compensated for by obtaining the perceptions of others. Tests, questionnaires, observational collections, and outside evaluations provide these perceptions. That is what they are, perceptions and concepts created by other people, used to help the involved researcher clarify and compare what he has experienced. No one test, method, or design for observation catches all there is to know. Each provides a glimpse of focal awareness about the subsidiary whole.

A counseling program like "us" requires two types of research: one to explain the process people experienced (e.g. change in self) and another to explain the process the program went through (e.g. meeting grant objectives, goals, and timelines). To explain the process people experienced, two forms of research-perceptions are obtainable: nomothetic and idiographic (Rychlak, 1968). Nomothetic perceptions give general facts for general applicability from several members. Idiographic perceptions give particular facts that emphasize the uniqueness of self. In programs concerning people, both nomothetic and idiographic are essential. What happens to the overall group is important, and equally so is what happens to each individual.

In idiographic and nomothetic data collecting, because it concerns people involved in experimentation and risk, confidentiality is critical, as is concern that this data does not label anyone, except insofar as it identifies a point or stage of growth. Statistics are static and dead. They often impute, or even impart, to people the same definition. A casual test score and label may cause serious and unnecessary damage to a person. Growth and potential for change are essential human qualities, often antithetical to the purpose of tests or questionnaires which seek to establish predictability.

In most situations, the best way to understand the human being in depth is to follow that person and others through the life process (longitudinal follow-up study). Using various perceptions (including those of the subjects') data can be analyzed to reveal important factors in human development (healthy and blocked). Regretably few such programs are initiated, and even fewer are funded. Follow-back longitudinal, short term experimental and quasi-experimental research are used instead. The results do no provide answers, but offer, rather, justifications to search further, perhaps to create and fund a longitudinal follow-up design.

These short term projects often preordain program failure, especially in the case of research into alternative methods for helping people. It takes time to establish a program; time which is not made available. Consequently many programs do not research the process that people experience, but focus instead on explaining the prodess the program went through, including numbers and kinds of people "processed". Objectives and goals are defined and worked toward. The evaluation-research determines if these were reached and gives feedback for improvement. Outside evaluation in this area provides coordination to the management-administration of the program, helping complete the institutional-system responsibility and gain.

Time, energy, and money are all factors that determine results in counseling and research. Changing people, or creating an environment which allows them to change self, takes time. Some may be ready and need only the proper milieu; others need assistance to take the leap. Short-term research discovers only the short-term changes, leaving the more important long-term gains unknown. These are realities a program must face, a result of societal priorities for allocation of money. Too often it appears that people and research are placed after institutional-system gain.

Institutional-System-Administration

In a project of counseling, research, and primary prevention that emphasizes self-enhancement and healthy growth, the environmental conditions must be established so as to allow freedom for exploration and self-discovery. This includes the management, counselor-advocates, and people seeking help. People must choose to make a commitment to a job that they feel is worthwhile, let work become like play, and accept happiness and reward that come as by-products of meaningful labor. Money and external reinforcements must come last. The commitment must come from within, because what is being done is perceived as worth doing, not because the job provides security, money, status, or power.

The aim in management design, then, is to establish an environment conducive to self-actualization and to fulfillment of institutional-system purposes as well. An important high-synergy balance must be attained in order to maintain an open, flexible environment while still retaining a focus on objectives and goals that provide cohesive order and direction. A general focus (subsidiary) must be provided to guide particulars. As people create their own ways to enhance self and others, they must do so within this guiding focus.

In a project such as this, the funding agency (NIDA), grantee (RVCA), and community are intertwined. Each system provides a basis for support and control. The granting agency above all supplies monetary resources. These resources must be utilized, however, according to specific guidelines. It is the responsibility of the sponsoring agency to assist the project in maintaining these guidelines. In doing so, the grantee agency provides administrative expertice and decision making skills which free the major project resources for counseling and research purposes. This counseling and research is done within the community. It is the community agencies and individuals which must supply the people. This remains the most crucial resource, and often the most difficult to obtain. A community must first be positive in belief that the project's design and purpose are akin to its own. The project must first prove the potential benefits far outweigh the possible risks.

It therefore remains the responsibility of the program director to coordinate these focal parts into the subsidiary guiding awareness. In a counseling-research-prevention program, this person must be an advocate-counselor and a therapist, a researcher, a trainer, a director-designer, an administrator, and a person in the process of healthy growth. He must be capable of providing direction when needed, but also able to allow healthy change in self as others and the program reveal to him need for change. He must commit self to being-in-the-program, risking and trusting in the process as much as everyone else.

The program director is required to be democratic, authoritative but not authoritarian, knowledgeable, capable of shifting roles, interested in people, not overly concerned with self-problems but willing to disclose and change within the growth process, able to maintain an open but directing environment, and committed to what he is doing. The director will be more aware of purpose than any other person involved, yet will need to allow others to struggle and stumble as they find their own paths which enhance them and the program. He must allow failure, but not destruction. He will need to tolerate lack of structure during moments of confusion, allowing the program to emerge from its own self-search. He will need to avoid being overwhelming and overpowering, but will at times need to make quick decisions which others may not always fully understand. He will need at times to withstand hostility and unpopularity; he will need to learn to say "no" and "I was wrong". He will need to reach out more than others, model the growth process, including pain and sorrow, and depend more on self resources than others. He will need to trust others, yet know that not all will achieve full commitment in the program. He is a part of the guiding force and is the one who must try to clarify the subsidiary process.

The people a director depends on most are the staff. These persons must be seen as trustworthy, achievement oriented, able to identify with the program goals and philosophy, possessed of good will toward others, committed, with high synergy, healthy, growing toward self-actualization, able to enjoy teamwork and friendship in group spirit, open, expressive of praise and reactive hostility, able to withstand stress, prime movers, improvers, childlike in seeking novelty, exploration, and change, dedicated to work and play, preferring responsibility, creating and loving, and able to respect and work with the director (Maslow, 1965). The staff is a part of the guiding force and a lot depends on it.

If the focal guiding elements, the funding agency, the sponsoring organization, community, director, and staff can combine into a cohesive subsidiary whole, a potential program is created. An environment that will allow freedom for self-realization and healthy growth can be established. Environment and potential there, the rest depends on the people within the program; as they benefit, so will the institution-system.

Phenomenological Process

A director's log was kept throughout the program as a means of recording observations on the program process. This log serves as an outline, providing cohesiveness to the perceptions of others (other journal-logs, questionnaires, and evaluations). An outline is shown for each of the two research years: Year 01 (July 1, 1973 to September 30, 1974), and Year 02 (October 1, 1974 to September 30, 1975). Three phases are covered each year: preparation, training, and counseling.

Year 01: Preparation-Program Implementation
(July 1, 1973 to February 23, 1974)

Chronology of Main Events

July 1: Funding begins. The Program Director and original grant designer officially resigned. A new grantee executive director was hired. A half-time bookkeeper was hired.
Sept. 19: Special assurances were requested by HEW (see Chapter 1).
Nov. 14: NIDA requested a quarterly report. The program had not started, nor had a Program Director been hired.
Dec. 1: The Program Director was hired. An Advisory Board meeting was held to explain the program direction.
3: Special assurances were sent to HEW with the consent form to be used by the program. A letter was sent to the original research designer requesting an outside consultation contract.
7: The secretary/office manager and half-time MSW were hired.
20: A change in research design was implemented to allow more flexibility.
Jan. 1: A multiphasic outline of the program, with established timelines was written.
2: The training philosophy and selection outline were written.
7: The Program Director joined the Phoenix High School Counseling and Guidance design committee.
8: "us" met with 549C (Medford schools) and Phoenix School committees to discuss the program. The program name was changed. The Southern Oregon State College computer system was made available to the program.

Jan. 9: "us" staff attended a 549C principals' meeting about the program.
10: The search for the "us" house in Medford started.
11: the Medford schools (549C) reported general acceptance of the program.
14: The quarterly report was sent to NIDA.
15: Meetings were held with local agency directors to explain "us" and obtain feedback.
16: Research re-design started. The "us" staff attended its first RVCA Review Board meeting. A new Review Board member was selected.
18: A Review Board meeting discussed research re-design.
20: "us" staff attended the local drug forum which emphasized information and focus on the problem.
24: 549C Junior High School meeting to begin youth para-counselor selection.
28: Medford Drug Commission meeting. Traditional approaches were emphasized. The Sociogram and Rating Scale for para-counselor selection was designed (see Chapter 5).
29: Interview for senior para-counselors started.
30: Meeting with young adults. Started search for potential young adult para-counselors.
31: A house was located for the program, but the neighbors refused to allow the program to obtain a conditional use permit.

Feb. 6: "us" met with Junior High potential youth para-counselors (75 youths wanted to enter the program). The final selection of 12 seniors was made.
7: Questions were given to the Junior High youth para-counselor potentials to help limit selection.
8: The Phoenix schools reported they would work with the program. School counselors started selection of potential youth para-counselors.
12: The Program Director attended a conference in Washington, D.C. on training-prevention in drug abuse. The first meeting with the NIDA grants management specialist.
19: Review Board meeting; discussed craft design, young adult para-counselors, and budget changes. Meeting with parents of the potential youth para-counselors.
21: RVCA Board meeting; general explanation of the program. Final selection of youth para-counselors at Phoenix High (12).
22: Research tests were selected.

Administration

Resignation of the original program director and executive director created a time lapse in the program implementation. The project had been funded for a five month period before another director was hired. During this interim, rumors began throughout the community. With no one to explain the purpose of the program, these spread. People in the community formed erroneous beliefs (e.g. the program would hire and pay youth drug addicts to work with younger children), and the primary effort of the newly hired director became to explain the program concept and re-establish positive community relations.

Community Agencies

The first step in re-establishing community communication was taken at an Advisory Board meeting scheduled during the director's first working day. Board members were twelve community leaders (e.g. school, health, and other programs), who had been asked to support the original grant concept and had done so. Most members had not been contacted subsequently and were confused about what had developed. Everyone's feelings and beliefs were openly aired and a decision was made that the program director would meet individually with them and seek their input.

Through these contacts, helpful suggestions were obtained about how to best implement the counseling aspect of the program. Many agency leaders were dubious about using para-professionals to work with children, and at times this skepticism became somewhat vehement. Some people had previously tried training and hiring para-professionals and had been disappointed by the results. The value of feedback became apparent immediately; in order to use para-professionals successfully, a major training and supervision effort would be required.

Though skepticism and some concern over the large sum of money awarded this project were apparent, all agencies pitched in to help during the initial implementation. Most needed at that time was a working knowledge of the helping-service activities of agencies in the community. The program director, seeking to broaden his grasp of community activity, was aided by opportunities to work with several local committees that met periodically to discuss what was being done in the community and to plan how to do better. From these meetings further contacts with agency leaders were established, and useful dyadic discussions were conducted.

Meanwhile, informal exchanges with two local school districts had begun (549C-Medford and Phoenix-Talent). In the Medford district, contact was first made with the superintendent (and assistant superintendent) to discuss possible program involvement with the schools. The reception was open and friendly and there was an expressed desire to support a program which could provide alternative learning and social experiences to the students. There was a valid concern on the schools' part, however, that the program might create confusion among teachers and parents; hence, it was decided best to discuss with each principal the possibility of receiving support.

The most important factor brought to light during these meetings with the superintendents was a need to present a coherent plan of operation. They wanted to know as specifically as possible what their involvement would be. They were clear in explaining that many programs came to the schools for support, or to work with and study or research the students. Only a few programs could be accommodated; selection must be based on the benefit that might be conferred upon students versus the extent of friction and turmoil parents, teachers, and administrators might generate.

The Phoenix-Talent schools were approached differently. The program director first worked with their counselors in designing a counseling and guidance program for grades K-12. In this committee, "us" was able to learn more about their approach and concerns in working with students, and was able to explain how the "us" project might be of benefit to them. A working trust established at this level spread from here to the principal and superintendent level.

The schools and agencies generally provided important ideas to help improve the program design. They rightfully questioned the concept of drug abuse prediction through behavioral observations, regarded labelling as a self-fulfilling prophecy, and maintained reservations about traditional counseling as a way to help young children. It was from their feedback that the decision was made to change the program name from the "us" Youth-Senior Drug Prevention Program to the "us" Youth-Senior Program, in order to prevent labelling and any restriction of possible approaches. In response to their challenge, a clearer perspective was sought concerning drug abuse prevention, prediction of problem behaviors, and para-professional counseling (see Chapter 2). It was they who literally opened their doors to provide resources and local support, without which "us" would not have started.

A clear example of this assistance was their willingness to allow use of their facilities. The "us" office had been temporarily established in a small three room office space that did not provide room for large meetings with parents and para-professional candidates. Looking for a house in Medford had become depressingly frustrating. Rents were either too high, or zoning codes restrictive, or neighbors unwilling to allow a drug-related program to move in next door. The schools, YMCA, Help Line, and others came to our aid, helping us locate space when needed, until program facilities could be found.

NIDA/NIMH. Throughout this gestation period, the National Institute of Mental Health (NIMH)/National Institute on Drug Abuse (NIDA) representatives remained especially concerned. Their feedback from the program was, for sometime, minimal. The project was late in starting and remiss in submitting required reports and administrative communications. In an effort to remedy this, a timeline and multiphasic operational chart were sent to them immediately, giving a rough outline of expected objective accomplishments: (1) selection of para-counselors was expected to be completed by February 15, (2) training would start February 19 and would end April 1, (3) the 5th and 6th grade target population would be selected by April 15, (4) the first year model would end September 15, and (5) a final report would be written by September 30.

Their patience and continued support during this time were crucial in maintaining program staff morale.

Much to the benefit of "us", a drug abuse prevention training convention was held February, 1974, in Washington, D.C., allowing opportunity to hear ideas from other projects, and also to meet with the grants management specialist responsible for direction of the "us" grant. The convention provided insight into the use of special training methods and equipment such as video tape and group encounter. The convention, in consensus, expressed many doubts about the ability of the "system" to solve the drug abuse problem. However, NIDA was new and still struggling to develop into a cohesive unit of positive effort, and it was at least trying.

The visit with the grants management specialist proved the most beneficial time spent during the convention trip. An update in project progress was given, and open communication was established. NIDA was still concerned about the slow start, but flexibility was allowed to get the program operating. NIDA/NIMH had funded "us" to research an alternative way to help people and was willing to risk in order to obtain results.

RVCA. All of this progress with the agencies, schools, and NIDA/NIMH was reported to the Rogue Valley Council on Aging directors. They listened with interest and asked questions. Except for the exemplary concern and interest shown by the RVCA President (who went through the "us" program training to find out first hand about the program), the executive director, and the Personnel Committee members (one of whom was an "us" Review Board member), this type of communication established the precedent followed by the sponsor throughout most of the project.

The RVCA Board was willing to do whatever could be done to help in implementation, but the "us" project was and always remained on the periphery of its primary area of concern. The RVCA was organized mainly as a service program to help senior citizens, not to do research in drug abuse prevention. Not once did they ever close their door to "us"; yet fitting "us" into their system was noticeably awkward. These were, however, people who cared and who did their best to help others.

People

One noteworthy characteristic of the original grant proposal was the limited staff it proposed. From the information obtained during agency and school contacts, the effort required to establish, maintain, and research a para-professional counseling program would demand untold hours of personal service. The people selected would have to make a strong commitment, since the expected strain would be great. Adequate and appropriate staffing for the program would be critical to its success.

Regretably, the time allowed for selection of staff was all too short. The program was late starting and action was being demanded. Also, the half-time bookkeeper had already been hired months before. This left only one-and-a-half positions to be filled according to the program director's choice. Both people would need to be capable of working with people, even though one was identified as a secretary. Each person would need to be capable of independent work and able to give direction toward the program goals. These jobs required dependability, trust, intelligence, openness, dedication, ability to transcend ego, flexibility, independence, and experience. The secretary/office manager hired was a young adult female (early twenties) with a B.A. in psychology and two years experience working for a company that produced the "Psychology Today" magazine and books. The half-time psychiatric social worker hired was a young adult (thirties), male M.S.W. with several years of experience working in counseling and the drug abuse field.

Review Board. Three Review Board members had been selected prior to the hiring of a program director. One member was also a member of the RVCA Board, a clinical psychologist, and a professor at Sourthern Oregon State College. The second member was an M.D./psychiatrist and member of the local mental health clinic (this member died, and the leader of an agency for the aging took his place). The third member was a school psychologist who directed an alternative counseling program in the District 549C schools. Two members were later asked to join the board upon request by HEW to increase the membership to five. The fourth member to join was a director in the Intermediate Education District, and the fifth member was an M.S.W. counselor.

In addition to insuring safeguards for the welfare and rights of individuals in the program, the Review Board provided a professional committee to confer with concerning program changes and difficulties. The Board later officially replaced the original Advisory Board as a resource group. Their voluntary involvement played an essential role in implementation and direction. It was this board that insured the importance of "people" as a first concern in the "us" project.

Para-Professional Counselors. Originally, the selection of para-counselors was to have been made through the use of personality questionnaires (IPAT series) which had secondary factor scores for profiles on counselors. Those who had "counselor profiles" would have been selected. These tests would have also been used to screen out people whose scores indicated serious psychopathology. Due, however, to the questionable validity of this approach, the selection method was changed. Four different approaches were used the first year, to provide a learning process for use in later selections. The IPAT series tests scores could then be compared later to ascertain whether corroboration for their validity was found. In short, it had been recognized that an effective selection process for para-professionals had not been yet established. To adhere to a single approach would have been to fit the program into a methodological straight jacket, rather than to use research methodologies to understand program process.

Senior para-counselors were first informed about the project through the newspapers, the RVCA bulletin, and word-of-mouth. The program was explained as a counseling program in which they would be trained to work with young children having behavioral or emotional problems. The proposed stipend was not mentioned until after final selection had been made. Most seniors who came to the program did so because they wanted to learn counseling and work with people rather than supplement their income. (This same non-disclosure of stipend was used in youth para-counselor selection.)

An interview method was designed to select twelve seniors for training in the "us" program. Two of these twelve would be on stand-by if all twelve people completed training. If all twelve did not finish training, there would be two people to compensate for normal attrition (year 01 called for training 10 seniors and 10 youths). Group meetings were held with 6 to 7 seniors and the "us" staff. These meetings lasted at least one hour and were similar in design to a basic sensitivity group. The staff facilitated and observed interaction, trying to help each person disclose as openly as possible his or her interests in helping others, their life styles, and general world views.

At the end of each group session the candidates were asked to fill out a sociogram (see Appendix--"Sociogram"). For each question, they were to place the names of each senior present in order of first to last choice. They could use their own names in the choice hierarchy if they felt they would first depend on self (in scoring, this use of own name was not tallied, but rather acted as a feedback device indicating how the senior perceived self and others). These sociograms were later tallied (questions 1,5,6,7,8,9) to yield a hierarchy of selection as perceived by senior peers.

The staff, after each group session, rated individual seniors according to the "tentative criteria for selection" scales (see Appendix), providing another hierarchy. This criteria selection was based on observed qualities which the staff felt important in helping others, such as genuineness, sensitivity, awareness, openness, self-acceptance, ability to listen and communicate, and willingness to risk and become involved.

By combining the "peer-selection hierarchy" from the sociogram and the "staff hierarchy" from the tentative criteria sheet, a list was made from which the top twelve applicants were selected.

Youth para-counselors were informed and selected in two different ways, depending on their school (Medford Junior High or Phoenix-Talent Junior High and High School). Phoenix-Talent students were selected by the school counselors who had been involved in the guidance and counseling committee mentioned earlier. Relying on their knowledge about the program and their personal contacts with students, two school counselors selected five youth whom they felt would be capable of helping others. The criteria for selection remained those listed in the tentative criteria scale, not grades or social status.

Medford Junior High students were first informed about the program by a homeroom notice which explained that a community program was seeking warm, sensitive people to work with young people in the 5th and 6th grades. They were told that training would be conducted for 8 to 10 weeks on Tuesday and Thursday evenings and all day Saturday; transportation would be available, and there were no grade requirements or school restrictions. A meeting was held two days after the notice was read, and all interested students were allowed to leave class to attend a briefing. Over seventy-five students came to the first meeting (the program needed to select seven).

These students were informed more specifically about the program (excluding stipend), and were told they must first receive parental permission before going further. It was made clear that only seven people could be selected. Two days later the staff met with fifty-five of these students. Students were given seven questions to take home and return answered the next day. The questions asked why they wanted to be para-counselors, what their own 5th and 6th grade experiences had been like, what kind of growth problems they had now and expected to have in the future, their ideas on how to help another person, and a description of an ideal 5th or 6th grader. The students were informed that all answers would be kept confidential, and that spelling and punctuation did not matter.

Only one day was given for answering these questions in order to prevent too lengthy answers and to find out which students were serious enough to actively do what was asked. The staff rated the answers according to insight and disclosure concerning positive school adjustment, peer and family interactions, and self-expression. A hierarchy was constructed and from this, the top fourteen were selected for interview.

During the interview the students were facilitated in the same way the senior group had been; however, because of the larger group and the younger ages, this method did not work. The staff explained the dilemma openly, and decided it best to allow the youth to determine which seven would be allowed to enter training that year. The staff then left the room. In about ten minutes, two youth left the room and informed the staff that they would wait until next year and try again, rather than force out others who wanted so badly to begin the first year. They explained that the youth in the room were becoming argumentative and hostile.

The staff decided that the two youth who had volunteered to try again next year had demonstrated a maturity and concern that were desired in the program. They chose to select them and any others who left the room for similar reasons. Six students did so. The group was then re-formed and told what had happened. Everyone understood and agreed to the decision. The group discussed the learning that had taken place. They then chose one other person to join the program, one who they thought best displayed similar qualities but had not left the room.

Young adult para-counselors had not been considered in the original research proposal. The idea of training young adults came both from contact with the local community agencies and the realization that the contemplated staff was inadequate for the monumental tasks ahead. It was agreed by board members and staff that training young adults as para-professionals could enhance the program through providing alternative human resources. This addition would also provide a microcosm of generations within the culture. The "us" project could become an extended family model, representing all ages and associated world views.

The selection of young adults was made through staff interviews, with final decision by the program director. All the young adults were selected according to their potentials for working with people, and all except one commanded some skill (e.g. karate, yoga, crafts, music, art, and trades like carpentry and photography). Six young adults were initially selected for training.

People-Counseling

With the addition of the young adult para-professionals and the consequent increase in resources, came a spontaneous shift in counseling design. Originally the proposal had intended to provide one-to-one (or two) counseling, but the overall unity of a microcosm of generations had not been considered. There was originally no means to establish a family atmosphere of sharing that would allow the full use of the different ages and groups of people.

The 5th and 6th graders not only needed a grandparent surrogate or a peer buddy, but also needed to relate to other 5th and 6th graders and young adult models. These opportunities were now available. The more opportunity the child had to contact healthy people, the more his growth could be positively stimulated.

The additional resources (people and activities) also provided a means to help these children become motivated and interested in the program, added means for establishing initial contact, and greater likelihood of common interests between counselor-advocate and counselee-child. Most important, alternative ways of counseling could be employed. Rather than having to focus on counseling in the traditional manner, in which pseudo-reality is created in group encounters and dialectic interchange about problems, counseling based on real-life, real-time activity could be created. By providign activities the children and para-counselors could spontaneously become absorbed in, a reality based environment could be maintained, one that would allow normal interchange and unfolding of problem and positive behaviors. These behaviors could then be dealt with accordingly as an active process of participatory choice and natural consequences.

Parents. Without consent and support from parents, the youth para-counselors would not have been able to join the program. It was considered important therefore to inform parents about the program in detail. Hence, a meeting was held for parents, para-counselors, and staff. For the most part, the parents seemed enthused about the opportunities their children would have, but there was also a hesitancy by many because the program was new and experimental. They understood the involvement that the program required, yet felt concerned that their family interactions might suffer.

Confidentiality was discussed with this group, emphasizing the need for parents to not pressure their children into disclosing information about other people in the program, including the 5th and 6th graders they would be working with. If parents had questions concerning the program, it was preferred they contact the staff, giving us feedback on their needs as well. In all, this meant the parents had to be fairly understanding and healthy too. They would have to trust their children and allow independent growth.

People-Training

Training during this preparation phase was directed chiefly toward the staff, especially the program director. Every effort was made to research the available literature concerning the drug abuse and prevention fields. Immediate training and selection procedures were required in order to implement an already late starting program. Much of what had been first outlined constituted not an alternative, but rather a traditional approach to an immediate problem. The purpose was to get started and remain flexible.

The training philosophy recognized three types of instruction: (1) didactics about drugs, use and abuse, the legal system, community analysis, and prevention methods; (2) group process emphasizing exercises in role playing, psychodrama, and personal interaction; and (3) experiential, on-the-job, supervised training in local agencies. Didactics were to require 30-50 hours, group 30-50 hours, and experiential 40-50 hours. In this outline, drug knowledge was a major focus, as was emphasis on traditional counseling techniques, therapeutic methods, and group dynamics "games".

The design itself reflected a modification of the original proposal which had emphasized academic instruction using an introductory psychology textbook and didactics on abnormal psychology, personality, and drug abuse data; however, this newer prodedure would have still continued to focus on problems or the negative aspects of human existence. This was the same teaching-training method used in other programs and in the schools, which was not doing the job effectively. Further modification was needed.

Research

When the proposal was originally conceived, it had looked toward a five-year period. When the grant was funded, it was for a two-year period. This raised some basic questions about the research concept. The original research design had been developed as a five year program with the capability of buying computer equipment and creating links with other computer banks. The short two year funding period eliminated these possibilities.

The five-year design had also provided for semi-longitudinal studies on experimental subjects. This too was eliminated with the two year funding. A shorter, prototype study would be required, possibly as a means to obtain further funding should the effort prove worthwhile. Starting five months late also complicated the problem, as did the limited staff, and the difficulty in locating sufficient senior adults to provide a control group.

Pursuant to recommendations of the Review Board, changes in research were implemented. The first year would be a "model" year for the project, used to acquire necessary knowledge and feedback for implementing a more viable research-service program during the second year. The second year would in turn emphasize research and data collection, since the service aspect of the program would have been already stabilized. The para-counselors would be trained in research data collection, easing the staff load and providing additional idiographic material. Additional tests would be tried the first year to help select second year research tools. The original hypothesis would be examined, but additional questions would be considered, such as para-professional selection methods, characteristics of effective counselors, and ways to determine healthy growth in the 5th and 6th grade children.

Philosophy

Basically the "us" project as a whole or Gestalt was operating on the beginning growth level (see Synthesis Chart in Chapter 3). The main objective in this preparatory stage was survival. There was awareness that long term assistance would be needed. As depicted in the synthesis chart, the project was not as yet capable of helping others, and a long training period would be needed for it to grow beyond this potentially damaging, chaotic atmosphere.

In the community, with NIDA/NIMH and RVCA, and all individuals concerned, the focus was on building trust and communication. The first efforts were directed toward becoming aware of the environment, of what was presently available in both reality and potential. Learning had been initiated and the "us" project was slowly moving from a preoperational state toward creation and fulfillment of dreams and hopes.

During this stage in the process, little of the guiding philosophy had yet crystalized. A proposal outline and a humanistic background combined to give the program director enough knowledge to describe the program's purpose. Changes in process were being continuously made, and the main concern of the moment was to maintain flexibility and to grow. As with a child only months old, stimuli impinged unmercifully on the organism. It was not a time to become resistant to the input, but to sort through experience and allow an unfolding process to occur, absorbing what was real, while actively creating what could be.

Year 01: Training (February 23, to June 9, 1974)

Chronology of Events

Feb. 23: The first training day. Pre-testing of para-counselors.
26: Continued house hunting in Medford to no avail.
27: 549C (Medford) meeting about the program; started determining how to select 5th and 6th graders. Consultant in for training.
28: Alternative schools meeting. Local agencies are seeking ways to help those students who do not stay in the educational system.
March 1: Consultant in for training. NIDA approved a budget transfer to lease a van and purchase more resource equipment.
7: The "us" staff decided to meet every Thursday to discuss what has been done and what was left to do. Half time positions present problems.

March 8: Meetings started with principals and teachers in the individual Medford elementary schools to observe their resources, explain "us", and get feedback.
12: Review Board meeting concerning training and ways to select 5th and 6th graders.
15: Talent elementary school meetings.
18: RVCA changed executive director; meeting to explain "us".
20: Tested first control group youth.
21: Review Board meeting discussed control group concept in research, leasing a vehicle, and outside evaluation. RVCA Board meeting.
25: The beginning of the grant proposal re-write to update NIDA on changes and obtain approval.
26: A four month carry-over extension was granted by NIDA.
27: A van was leased. Year 02 continuation proposal was sent to NIDA.
30: A concert; visiting day was held for the para-professionals, parents and friends.
April 2: The first senior para-professional leaves the program.
3: An outside evaluation team was selected.
4: The video equipment arrived; first major resource equipment.
5: Southern Oregon State College leased "us" a house in Ashland.
8: Zoning regulations and special requirements almost prevented leasing the "us" house. S.O.S.C. and Ashland community planners contacted.
15: Building permit issued by Ashland to remodel house.
22: First contact with local craft stores for resources. Ashland commissioners meeting, "us" house okayed for use.
24: The first "us" paper was printed and distributed in the community.
25: "us" booth at the S.O.S.C. educational fair, poor turn out. Consultant in for training.
May 5: An "us" variety show was held at the Medford Junior High for 5th and 6th graders to attend and learn about "us".
9: A youth ran away from home and became the first youth to leave "us".
15: Visited the 549C elementary schools to pick up the lists of 5th and 6th graders who wanted to join "us". Four out of six schools had not made lists.
18: Open house for "us" parents and friends.
21: The Review Board met to discuss the addition of a research consultant/staff member.
24: Senior and youth groups selected their own leaders, ran their own groups for the first time.
27: First young adult left the program temporarily with a back injury.
28: Parents from 5th and 6th grade name lists were contacted for their consent in allowing their children in the program. Mid-testing started on the para-professionals.
31: Year 02 continuation grant was awarded to "us" by NIDA.
June 1: Year 02 started.
4: The idea was discussed that the "us" design could someday become a supplemental or alternative school with learning and teaching for all ages.
8: The last training day.

Administration

Finding necessary resources became one of the largest administrative problems during the training phase. A house was desperately needed to provide a family atmosphere, a place for training outside the school system, a craft and skills center, and an always available place for use by advocates and friends. The project had already obtained support from the Medford schools and it had been hoped to find a place in Medford for use, but for one reason or another, this did not happen. Consequently, Southern Oregon State College in Ashland was queried concerning a large house they had not been using. Genuine concern by a few outstanding administrators moved them to grant "us" permission to renovate and use it.

This brought on the next problem in finding a home for the "us" program, the city regulations. Because the program worked with people, special electrical wiring needed to be installed, changes made in plumbing, protective railings installed on steps and windows, fire protection devices obtained, and thorough fire, health, and safety inspection passed. These requirements met, a special usage permit had to be obtained from the city (inability to hurdle this obstacle had precluded using a house in Medford). Again, had a few city administrators not opened their minds and hearts to the project and given the extra effort needed, the project might not have gotten beyond the training phase.

Locating a house in Ashland presented a new problem, transportation. All our youth para-counselors were from Phoenix-Talent and Medford (7 to 20 miles distant). The counselees, too, were to come from these towns. Many parents would not have available vehicles, and the community boasted no public transportation. A van was needed to get this widely dispersed group to and from the house.

It was at this point that NIDA/NIMH was contacted. They had already approved a large budget, allotting substantial amounts for travel. With commendable flexibility, moneys were re-budgeted and permission was granted to lease a vehicle, renovate the house, and purchase crafts equipment.

Again, had this federal support not been given so readily, allowing local needs to be met within established limits, the project could have been stopped by administrative difficulties.

By this time, the decision had been made to begin renovation and furnishing of the "us" house even before final city approval for special use. At this point the city had to be counted on to come through. It was a last chance effort and the crafts-skill equipment had to be ordered and purchased before it was too late. The 5th and 6th graders would be upon "us" soon. Contact was made with local stores for assistance, and again local merchants cooperated, giving helpful advice, training, and offering discounts. They taught "us" that certain businesses do care.

Meanwhile, the fourteen elementary schools in Pheonix-Talent and Medford had to be individually contacted concerning their interest in helping locate children who wanted to be involved with "us". At each school visited, the project was explained in detail, and suggestions were sought as to how it might be improved. Two schools had alternative programs established and these were visited in the search for further ideas. Almost all the principals expressed a need for help from sources outside the school and were pleased to do what they could in return. Some, however, balked, delaying and being passively resistant.

Most schools were helpful. With their help a method was devised for selecting 5th and 6th graders. The program would hold a variety show to inform the children about the program. The schools would tell children about the program, and a name list of those children who wanted to join would be compiled at each school. If teachers or students wanted to recommend children who had not volunteered, they could do so by writing that student's name on the list. When the "us" staff contacted the parents, the latter were told their children's names had been written on the list (by self or others), the program was discussed, and then they were asked if they were interested in having their sons or daughters join. If they were, they were asked to come to the "us" house for a personal interview.

At this point, the staffing problem became critical. Both full time staff members were working 55 to 70 hours per week and becoming drained. The half-time bookkeeper was rarely seen, as this person was also working half time elsewhere. The half-time psychiatric social worker position provided some help, but because the person only came during half the week (or every other week for a full week), continuity could not be maintained. The project was making changes at a rapid pace and required a full-time effort just to keep abreast. There was too much to do and more coming up.

It was here that the staff began shifting some responsibilities to the para-professional counselors, especially the young adults. It was these people, who with an extra, dedicated effort, readied the "us" house; they found and purchased the crafts and skills equipment and supplies, helped contact parents and children, provided transportation (including driving the van), brought in other resource people, helped write, print, and distribute the "us" paper, did research, and gave understanding to the staff when energy was low. They had become para-staff and para-counselors, helping "us" happen.

People

Twelve youth, twelve seniors, and six young adults entered the training program. Another young adult joined "us" three weeks later. The youth ranged from 13 to 16 years old, with a mean of 13.8 years. The mean educational level was 8.2 years, with 3 seventh graders, 6 eighth graders, 1 ninth grader, and 2 tenth graders. There were three youth males and nine females. Nine lived with both parents; three lived with the mother only. Nine were from rural backgrounds and three from urban-rural backgrounds. None of the youth had physical defects. Every one had a least one sibling, one had five. The mean for siblings was 2.5. Their parents had a mean education of 11.85 years, with a range from 6-17 years. The mean parental age was 39.8 years, ranging from 32 to 58 years. Their occupations were for the most part skilled or white collar positions.

The seniors ranged from 54 to 77 years in age, with a mean of 61.67. Their mean educational level was 13.8, with a range of 8 to 17 years. Four seniors were married, five separated or divorced, and three widowed. In all, they had twenty-six children, with a range from zero to six, and a 2.3 mean. Everyone had lived in this area at least a year, one for sixty years, giving an 18 year mean. Eight had no physical disabilities, four did, ranging from a bad back to sight difficulties. There were seven females and five males in this age group, six retired, one farmer, one agency president, one housewife, and three not employed, nor retired, nor married. Most came from rural backgrounds.

The young adults ranged in age from twenty-one to forty-three years, with a means of 26.3. Their education was 15.4 years with a range from 12 to 17 years. The young adults were married, one separated, and four were single. Only one had any children. All had lived in this area for at least one year, one for twenty-two years, giving a 15 year mean. There were three females and four males, three of them students, two musicians, one businessman, and one secretary. One had a physical disability. All were highly skilled in crafts, sports, the arts, or community relations.

The staff ranged from twenty-five to forty-eight years in age, with a 34.5 mean. Two were married and two were single. One had children. Their education ranged from 15 years to 20 years with a 17.0 mean. Three had lived in the area for over six years, one had not lived here previously. There were no physical disabilities.

People-Training

Between the time a training outline had been written and actual training started, a change in focus had developed. Through further literature research in the drug use and abuse field, it had become clear that drug knowledge dissemination and emphasis on problems (i.e. the abnormal aspects of human existence) was not working effectively. Rather than continue this pattern, the staff and the Review Board decided to search for alternatives. This was an experimental, research project designed to do just that. Training broke away from exclusive focus on drug use.

What was tried instead may be regarded an open-structure training. Rather than pre-establish goals, follow an outline, and "process" people, training would instead emphasize being aware of the trainee needs, growth, and directions, and providing resources to enhance the process. To do this required observation and feedback.

The secretary/office manager became a major observer, recording events in training as they happened. This role prevented her full participation with others, and some alienation became evident. Her effort and perseverence at this however, allowed the other staff members to become totally immersed in the training process. She was thus able to offer another perspective on the training process. A training log which included observations by the secretary-observer was kept by the director.

These observations were employed jointly with the para-trainee journals. These were cumulative entries made in personal diary form by each trainee. In these entries, their personal feelings, suggestions, and comments concerning the training, self, others, and life in general were made. The director would read these bi-weekly and respond in writing, thus establishing an ongoing written communication channel for everyone. Often this was where personal problems were first disclosed and then later brought up before the group. It was a testing ground for disclosure with someone they could trust fully. These journals were also a major source for process feedback, and were used to determine what was needed in training.

The training period lasted fifteen weeks, totalling 207 hours. Training was held on every Tuesday and Thursday night for three hours, and every Saturday for a full eight hour day. During that time the "us" members shared in everything from lecture and other formalized training to personal disclosure and informal get togethers. There was only one major goal, to help people relate to and care about other people by becoming aware and by healthy development. This process is reflected in the following chronological training summary.

Chronological Training Process Summary

February 23 (Saturday): Self introduction and then pre-testing. During breaks, age groups remained together with some young adults intermingling. Car pools formed for transportation. The journals were explained. Smoking was discussed with a decision to be open about it for all ages, rather than hiding it. Dyad discussions (senior-youth) with each partner telling the group what was learned about the other. Discussion about poor listening, one-sided value laden perceptions, and communication followed.

Tuesday 26: The large group discussed the Saturday dyads and the problems associated with not listening attentively to another, implanting values, and memory laden perceptions. Used the ambiguous old woman/young girl picture found in general psych books to show how individual people perceive differently. Went into triads, one person talking, one listening, one observing and giving feedback after reflection by the listener. A large circle was formed with a dyad in the center, everyone else observing and giving feedback. The youth admitted being afraid to be open, fearing being put down by adults.

Thursday 28: cancelled due to snow.

March 2 (Saturday): Consultant in today; talked about helping others unload the buckets of pain, doubt, and expectations which prevent healthy growth. Had people pair and try to lift another when help was passively resisted (by being limp), showing how people must first want to be helped. Transactional analysis was explained and triads used to learn further nonjudgmental listening. Small groups by age, with youth especially being open about dating, sex, family, drugs, and expectations. Most youth felt unable to talk with adults, including their parents because they feared not being able to meet expectations by being human. Wrestling by the youth to unwind. Large group meeting, and the youth closed off again. Drug use and prevention discussed with value-laden debate on all sides, especially between youth and seniors who were having a difficult time relating.

Tuesday 5: Collected journals to obtain feedback about training thus far. A task oriented group was designed to determine methods for selecting 5th and 6th graders to join "us". Split into three groups of equal seniors, youth, and young adults, being sure to split cliques. Lots of chatter occurred in groups by a few, and a rule was set that each person could only contribute three times. This allowed others a chance to speak. A large group discussion was held about chatter, which was considered nervous release rather than thoughtful interchange. The importance that everyone's ideas be heard was discussed, plus helping others learn to think and communicate, and the need for silence in groups to allow time for listening and thought.

Thursday 7: Returned the journals and the importance of writing immediately following training was explained. Divided into small groups by age to design what to do with 5th and 6th graders. Most people remained locked into traditional counseling approaches which focus on doing something to others rather than helping others find out how to do for self. Large group discussion about learning how to help others achieve health by establishing a healthy environment. Explained the "white rabbit" written by R.D. Laing, where everyone is asked to not think about the "White rabbit", yet they must do so as they try to forcefully not think about it. This was related to the problem of focusing on the negative rather than the positive, allowing people to unfold rather than trying to block problem behaviors. The youth discussed the fact that they seldom are hugged or shown affection by their parents or adults. People hugged each other good-night.

Saturday 9: Drug lecture, questionnaire, and attitude survey with discussion. The youth became bored and disruptive. Breaks became the most sharing moments. A parent called later to express concern over what his child had learned about drugs which did not agree with his values. These values and closed expectations were discussed openly and the parent realized how this was blocking communication with his child. Spontaneous touch is occurring in the group, mostly between youth and young adults (who are reaching out the most).

Tuesday 12: Talked about the drug attitude survey results, the large differences between youth and seniors in attitudes, and the reasons people use drugs. Sought solutions or alternatives and people became task oriented to establish crafts and skills which would provide experiences that might replace drug use or abuse. The youth in a private group were asked why they did not hug and touch the seniors; they were afraid and uneasy. They tried hugging seniors, and both ages responded positively.

Thursday 14: Skits were designed, written and acted out to depict: senior life, young adult life, youth life, counseling, and the program people. Various roles were played such as a senior widow, married healthy couple, protective parents, "macho"-males, flirtatious females, stern parents, a moralist, a psychiatrist, a wall flower, and a female prude. Everyone enjoyed the process with lots of spontaneous laughter and joy.

Discussion followed. The seniors talked about loneliness and separateness from youth and society.

Saturday 16: A free for all day with only one rule, that everyone stay within certain areas and reach out to others. Lunch at the park with everyone relaxing. Trust walks in the park for a dozen people became an opener for seniors and youth to share. In the afternoon a small desensitization group was held, learning how to relax and shut off conscious mind. Seniors and youth are still having a hard time spontaneously reaching out to each other.

Tuesday 19: Talked about how to observe without making inferences. Broke into age groups to discuss what each person observed Saturday. Youth reported they were tired of hearing senior stories about the past, were still afraid to speak to or question seniors, were avoiding conflicts rather than dealing openly, were unable to understand the adult vocabulary and desired more young adult contact. Seniors reported they were unable to use the non-structured day and felt they should have been doing something educational, were hostile and would not listen to each other or the youth, and were afraid to reach out. Young adults reported they were in the center, able to mix with both ages but being depended on too much, and that no one really communicated.

Thursday 21: Tempers flared in two separate groups as the staff challenged the para-counselors each time the conversation headed away from talking to each other "here-and-now". Youth members tearfully expressed jealousy over some young adults and then discussed the problem openly. Seniors expressed concern over the openness in the group, emotional outbursts, and swearing. A tremendous amount of blame and pre-judgment went on, was challenged, and people began to get their feelings in the open. A lot of spontaneous hugging by all ages occurred at the end.

Saturday 23: The "impasse" was broken through as a carry over from Thursday. One young adult broke into tears, disclosing a marital crisis. A youth disclosed inability to talk with parents, breaking into tears. Seniors challenged each other bringing unspoken feelings to the surface; they are having a difficult time accepting each other. Talked about swearing, listing and defining swear words, finding emotional and cognitive differences between youth and seniors. Talked about being non-judgmental and the importance of being open, especially to 5th and 6th graders (non-parental). Discussed the fear of being too open, the risk and potential pain. Sat in a circle holding hands and being quiet together for a long time.

Tuesday 26 and Thursday 28: Practiced the skits which were to be presented to the elementary schools as an introduction to the "us" project. High spirits.

Saturday 30: Concert and open house for "us" parents and friends. Practiced the skits which were mostly judged as bombs by everyone. Humor helped everyone relieve the tenseness caused from trying too hard rather than being spontaneous and relaxed. The decision was made to not present the skits to the schools but to do a variety show instead. People are mixing more. The skits provide a more natural way for sharing.

April 2 (Tuesday): Announced the possibility that S.O.S.C. would lease a house to "us". Everyone felt excited because the classroom atmosphere could be left behind. A senior left the program because of value conflict, having felt the project should enforce rules against swearing and should instill religious values. In the large group this was discussed along with the importance of finding a way to be accepting of others while modeling positive behaviors. Began the case studies, pairing youth-senior mostly, giving each an opportunity for learning about the other in detail. Expressed the importance of confidentiality.

Thursday 4: Continued the case studies. The video tape came in today and everyone filmed each other and later watched themselves with intense interest. The youth became somewhat hyperactive and rowdy and had to be challenged. Made plans for cleaning the new "us" house.

Saturday 7: Everyone was excited about the "us" house. In somewhat chilly weather, with no heat or hot water, the cleaning began. Spontaneous joining of the youth, young adults, and seniors occurred throughout the day. One senior became ill from exhaustion, and others realized the joy had pushed them beyond normal limits. A lot of hugging, laughter, and sharing in readying the home for "us".

Tuesday 9: The youth discussed not having any real in-depth friends and the games people played at school, their needs for love, and the effect "us" had on their peer relations. They felt they were becoming more aware but were not sure they liked what they saw. Everyone talked about non-communication, superficial relationships, and how people smooth things over rather than confronting honestly. Some young adults reached out to each other and demonstrated openness and risk. Case studies resumed and a senior pushed too hard on a youth to disclose, the youth left in tears. This was talked about when the youth returned, as was the importance of listening rather than pushing. Young adults-youth pairings were discussed; they were becoming closed to others who wanted to share. The reality was emphasized that they were here to be para-counselors as well as friends, and would be required to reach out.

Thursday 11: Tried to continue case studies. The youth began flirting with other non-project youth in the halls (still at schools for training, due to difficulties in getting use approval for "us" house), the seniors disappeared into the teachers' coffee-smoke room, and the young adults were scattered. The program director exploded, called everyone together, and explained how he felt about the whole situation. Everyone seemed relieved to be "called" on misuse of free environment, and began to realize the staff had feelings too.

Saturday 13: Repercussions came from the school for the chaos Thursday. Teachers were rightfully angry about their coffee, chocolate, and soup being used and that a table had been broken. This was brought forth and everyone decided on ways to repay the school for the "us" moments of non-awareness and carelessness. It was realized many of these problems would be eased if and when the "us" house was made available. Discussed smoking again and everyone voted to allow no smoking inside the "us" house (even the smokers agreed) in order to respect the rights of others to breathe clean air. This brought a realization that the mistakes Thursday had made "us" more aware through the process of natural consequences, and that everyone operated habitually at times and needed to encounter problems to help foster awareness. An open environment in which to make mistakes and learn was required.

Tuesday 16: Case studies were finished. Articles were collected for the "us" paper. The youth presented feedback, reporting some of their grades had improved, better reaching out and communication with parents, and interest in helping others. Physical and behavioral changes in people were noted and discussed.

Thursday 18: Consultant in tonight with emphasis on theory. People became bored and would not speak up. This was brought into the open by staff and people began communicating again. The "fishbowl" (each age group talked for a select time while everyone else listened) was tried and people began expressing their fears about pairing with 5th and 6th graders. Seniors were afraid the children would not like them, and youth felt they would not know what to do. The young adults were confused about their roles. A decision was made by everyone to try pairing by interests (e.g. skills, crafts, sports). A youth was made assistant editor of the paper because of her interest and effort; she had become a major article writer (she had hated school and had not written much before).

Saturday 20: Today was painting day for the "us" house. The city had still not okayed use but everyone decided to go ahead with preparation anyway. A large group was held later, discussing honesty in feedback and reaching out to others. People talked about the unity of the "us" family and joy caused by different generations working together. People discussed the director role and their fears in reaching out to the person beyond the role.

Tuesday 22: Tonight everyone folded and stapled 2,000 "us" papers to be distributed throughout the community. The idea for a camping trip was presented, but the seniors rejected it due to the required physical exertion. It was determined to find alternative ways for camping that would not be as rough on seniors but would allow youth to explore freely. As a senior wrote in the "us" paper: "Ours is a new kind of all-ages group, preparing for the New Age of Man, sharing together with love and understanding. This is our dream, our ideal; we are all trying very hard to make it work, together as a big family."

Thursday 24: Consultant in and did a superb job at motivating everybody. He talked about asking "what" instead of "why" when talking about behaviors and attitudes, finding out what has been done before trying to do anything else, and creating a plan that might work or might not. The youth opened again, with individuals having problems with family communication. Someone in the program had been telling others in school about personal disclosures made in the groups and this brought up the importance of confidentiality again.

Saturday 27: Consultant here today again with a video-tape demonstration of a family therapeutic session. Broke into triads again for an in-depth session about self-disclosure. In large group the issue of responsibility came up again concerning the furniture and chairs in the "us" house which were being ripped. Everyone decided to be responsible for reminding others rather than depending on the staff to do it all.

Tuesday 30: Finished the house painting and readied for inspection by the city.

May 2 (Thursday): Planned the variety show for the 5th and 6th graders. Some seniors felt hesitant about having to give up a Sunday for the variety show, but the youth enthusiasm carried them on. Broke into small groups. The young adults really opened up, reaching out to each other and the seniors. Personal problems were disclosed and support given. The young adults told everyone how they felt about each person, opening further communication, specifically with one senior who had been blocking all efforts.

Saturday 4: The groups continued from last Thursday. The seniors began relating their feelings about death, aging, and health. Some seniors disclosed physical problems they had been hiding. The youth wanted to experience the feeling of being handicapped physically, so they were blindfolded for most of the day, remaining dependent on others for assistance. When the blindfolds were removed, the youth told about their experiences, awarenesses (seeing what others could not), peak experiences, and drug highs. The group did a trust walk with youth guiding the seniors, then everyone sat on the grass and talked about their first sexual experiences, with the seniors opening up beautifully, recalling their fears, dreams, and loves.

Tuesday 7: From the groups last Saturday, it was decided to talk more about sex. In the large group, topics covered were masturbation, V.D., pregnancy, birth control, orgasms, and sexual health. Questions were asked and answered on methods of foreplay, erogenous zones, and sexual intercourse. At first the seniors appeared uptight, but then a senior female told of her experiences (good and not-so-good) which opened others to do the same. Young adults told how their parents had treated the matter of sex, and youth talked about how they had learned or not learned about sex. Everyone decided the project should locate more literature on this topic. The topic shifted to love, marriage, and the realization that both were not always one-in-the-same thing.

Thursday 9 and Saturday 11: The family experienced crisis when a youth ran away from home, thus leaving the program. The "us" family decided to put an article in the paper to the youth, letting her know she could contact "us" for support without expectations. Talked about synergy and growth levels for the first time, and people discussed what level the program might be on. Two seniors spoke up, saying the sexual discussions had been too frank for the youth. They were asked to check their statements out with the youth. The youth felt it had not been too frank, but honest and open, which was what they desired and needed at this point in their lives. This brought the realization that the youth were not bothered, but these two seniors were and were using the concept of protecting youth as a way to protect themselves, which carried into how may adults-parents are doing the same.

Tuesday 14: Began preparation for the "us" open house. The house had at this point a video-newsletter room, crafts room, music room, quiet room, group room, kitchen, bathroom, darkroom for photography, and lapidary room. People began calling others, collecting furniture and dishes, odds and ends. Everyone was positive, hugging, and smiling.

Thursday 16: Rumor was that the run-away youth was in town and this brought discussion about youth and parents. Many youths were having difficulties communicating with parents and their commitment to "us" only added to confusion. Some parents were using the threat of pulling the youth out of the program in order to get the youth to meet parental expectations. Some youth were taking the initiative to talk to their parents and the parents in return were responding more or less positively.

Saturday 18: Open house day. A youth was hurt while moving the pottery wheel and the immediate support given by those involved was overwhelming. The "us" people were becoming capable in stress moments and definitely showed caring. A few parents discussed their concerns that their children seemed to be more attached to the "us" family than their real families. The parents were hesitant about talking with their children about this matter but were encouraged to do so whenever possible. Most parents were strongly supportive of the program and remarked about the positive changes they had seen in their children. Quite a few parents expressed a desire for a parent group and to also learn some of the crafts being taught.

Tuesday 21: Everyone went to visit the young adult who was in traction with a back injury. Later, they all talked about what changes they had gone through since beginning training. Some people expressed concern that they had come to enjoy the "us" family sharing too much and depended on the high energy to keep them going.

Thursday 23: While waiting for their ride to the "us" house, five girls witnessed a dog being run over by a car. The driver at first did not stop, although the youth girls yelled at him. Then he stopped and threatened the girls. The "dog control" came and threw the dog casually into the back of a pick-up. The girls felt that no one cared. They came with this to training, so everyone focused on trying to help them understand this part of the world, and the reality that "us" existed as a separate program because people needed to learn how to care about life. Life was not viewed as fair, but each person had to do his or her own part.

Saturday 25: Today the staff and yong adults pulled back to let the youth and seniors design their own groups and milieus for working with the 5th and 6th graders within certain time and location restrictions. Pandamonium broke loose in the afternoon among the youth who felt lost. Tempers flared against the staff but subsided when two staff and young adults refused to be brought back into the youth group. They had to work it out for themselves; they did so eventually. Both the senior and youth groups made good suggestions and plans for making and maintaining contact with the incoming children.

Tuesday 28: Post testing started tonight, then everyone went to a party at the home of one of the young adults.

Thursday 30: Preparation for the incoming 5th and 6th graders. The seniors were doing much better than the youth. Youth were still dependent on the young adults. Young adults were busy designing the overall group activities they would offer and direct similar to workshops, allowing the youth and seniors to establish relationships with the children.

June 1 (Saturday): Another preparation day for the soon to happen pairing. The young adults taught crafts to anyone interested; others cleaned the house. So much loafing occurred that a special group was called. People have become frightened about the pairing and have started pulling back, almost unconsciously trying to delay the process. A youth was appointed supervisor and this helped get activities started, but many people continued to resist getting involved. A very heavy mood today.

Tuesday 4: A movie was shown on the Eskimo life style. Visitors came to "us" from the nearby hills to talk about their existence which was independent from the mainstream of culture (self-sufficient). The youth were relaxing more, but the seniors appeared even more nervous as the pairing time drew near.

Thursday 6: The issue of fear and pairing came into the open, relieving tension. To distribute responsibility and ease the transition, the seniors decided to make the initial contacts with the parents (rather than let the staff do so). This gave them a chance to be with the 5th and 6th graders away from the young adults and youth. The seniors especially feared rejection by the children (and society). A graduation ceremony, with everybody hugging, ended the night.

Saturday 8: The last training day, and everyone appeared relaxed. People gave each other massages. The staff and young adults began writing workshop objectives. The para-professionals have redistributed responsibility and energy fairly successfully. Lunch at the park, and a quiet afternoon resting together.

Research

The para-counselors were pre-tested the first day of training. By spacing the testing time with long breaks and a lunch period, several tests were completed. The IPAT personality questionnaires (16 PF and HSPQ) were given, along with the Allport-Vernon-Lindzey Study of Values (see Chapter 5 for a more detailed explanation of these tests). On the same day, a self-disclosing questionnaire by Sidney Jourard was given in order to determine possible stated changes in disclosure about attitudes, work, money, personality, and body that might occur between the para-counselor and parents, siblings, and friends. And a few days later, immediately before the drug lecture, drug knowledge and drug attitude questionnaires were given.

Testing proved to be a challenge in itself; it was rejected by the youth because it reminded them of school, and accepted with hesitancy by the seniors because it seemed to them a waste of time and energy, and was, moreover, confusing. Even the young adults rebelled at points. All this reminded the staff that future difficulties were in store when the children were to be tested. It was assumed however, that as training progressed, the paras would understand the research purpose more, and cooperation would be easier to obtain. This proved true at the end of training.

The control group testing started, but stopped after the first efforts, due to lack of time and energy. Another factor was low motivation in those to be tested. The control group saw little purpose in putting forth self, though some did in order to obtain the feedback that was offered. Chasing each individual down became impossible. A special work-study person from S.O.S.C. was hired to try to complete the testing. This task, in the end, had to be given up. The problem of having too much to do, with too few staff had become evident. The research effort was weak. To improve this area, a young adult was hired as a research consultant.

Quite possibly however, it was this lack of research emphasis during the first year that allowed the counseling-service thrust of the project to emerge. Perhaps programs like this one should be permitted a year or more to establish a sound program before research and evaluation are undertaken. That is, a project should have something to research before research becomes a major effort.

On the other hand, an outside observer could be used to provide insight into the on-going process which the involved staff could not see. This was a special concern in the "us" project, since changes were being made rapidly. In as much as the project still had to follow the granting agency guidelines. and meet minimum requirements, feedback was needed. A combined decision was made by staff and the Review Board to contract with an outside evaluator.

The May, 1974, process evaluation plan which was accepted described the evaluation team's function as monitoring program activity and effectiveness through observation so that the evaluators could make appropriate and regular recommendations to the board for policy changes and to the project director for operational changes which implement these policies, thus providing a source of management counsel and technical assistance for the program director. To accomplish these essential activities the evaluation team would act as an independent body. They were contracted to observe and evaluate, helping to provide information so that program weaknesses could be corrected early and program strengths enhanced.

Philosophy

Like training, the "us" philosophy began to change from a focus on drug abuse and problem prevention to one on enhancement and positive, healthy development. This was a shift from secondary prevention toward primary prevention.

It was with this change in philosophy that emphasis on alternatives came. Crafts, skills, sports, video, and an "us" paper were all chosen as positive alternatives. The search was on how to find positive ways to help people become alive and feel good about self, rather than how to stop problem behaviors. To do so, meant providing as many resources as possible, including people of different ages.

It was this change that made the project more acceptable to parents. Even though they were aware it was intended to find a means for preventing drug abuse, and had been funded by NIDA/NIMH, the parents felt their children would not be labelled, treated inhumanely, or harmed in any fashion. They came to understand that its purpose was to enhance the child, not to shape or control.

During training, the program reached level three on the developmental chart. Most para-counselors came into the program at level two and achieved a major growth step within the fifteen-week training period. By acquiring a house and resources, the program had become securely established. Dreams were becoming realities to be identified. Attention was no longer on ego-need or program-need fulfillment, but rather on helping others.

It was through combined effort and sharing by the staff and para-counselors that the program reached level three. It was the people who made the impact of successful reaching out become evident. It was they who created an atmosphere of love and belonging. Terms such as intimacy, identity, mutual trust, and facilitative sharing described the process as formal training neared its end. The "us" project had become a family.

With this closeness came special problems also. The family would soon be split, each age group going a somewhat separate way when the pairing was completed. The research design that year called for separate age milieus. A let-down was anticipated. People had become habituated to the "us" atmosphere, seeking it often in preference to that of their own families and friends. A mini-culture with its own social order had developed. But now, this had to open, had to allow the incoming children to become a part, and not demand too much too soon.

Year 01: Counseling (June 9, 1974 to August 15, 1974)

Chronology of Events

June 10: The first youth milieu counseling day.
11: The first senior milieu counseling day.
15: The first serious injury, the program director gashed his forehead while playing.
16: A senior dies while sleeping at home.
17: The runaway youth returned to the program.
20: The first parent allowed her child to stop taking prescribed amphetamines during the summer operation
24: Pre-testing started for the children.
26: The "us" paper was distributed in the community, its articles written by para-counselors and staff.

July 1: A youth para-counselor leaves the program; her family moved.
2: Review Board meeting to discuss activities-schedules, the process research concept, phenomenological observation, and the possibility of shifting some young adults into staff positions.
3: Minor damage to the program equipment was noticed.
4: The staff hikes into "hidden lakes" areas to explore the possibility for program outings in nature. Can the children manage?
8: Young adults learn how to do their first basic phenomenological observations.
11: The first home-parent counseling session, with request from child and parent.
17: Behavioral contracts were drafted by paras and children. One complete wall was covered with newsprint to allow anyone to vent his or her feelings by writing on the "expression sheet".
24: The first part-time jobs were given to children upon their requests to earn money for crafts supplies.
30: The staff visits the Oregon Research Institute to consult about behavioral observation methods.
Aug. 2: Senior-child-young adult coast trip for two days.
4: Youth-child-young adult coast trip for two days.
6&7: Post-testing and feedback from children.
8: Confidential questionnaires sent to parents for research on their observations.
12: Young adult feedback day about the project and self.
14: Youth feedback day about the project and self. Post-testing.
15: Senior feedback day about the project and self. Post-testing.

Administration--The Environment

In the counseling phase of this project, a shift was required in direction and emphasis. Previously, the developmental process had centered around project and para-professional improvement. This was an intake of energy and resources with little or nothing going toward actually helping others outside the "us" family nucleus. Now, with the children joining, energy and resources thus far accumulated would have to be used.

It is hard for any system to make this shift from self-concern to concern for others, and "us" was not an exception. Simple incidents like careless damage or misuse of equipment triggered proprietary protective responses from the "family". It was easy to resort to the authoritarian model and to pull back. Equipment had been purchased to help create a desired environment. These material objects were significant to the people of "us" to a degree the children did not yet comprehend.

For the children to develop this simple respect for community property, they too would have to become part of the "us" family, with the same sense of belonging and appreciation, a transition which could not be accomplished over night. The program had taken in many children who had not developed any firm sense of belonging. Many were highly destructive at home and school. A few were known to take possession and keep what was not theirs. Others simply never learned to be concerned. Losses, therefore, had to be considered a part of the process.

The equipment was there for all to use. They were asked to reimburse the cost of used supplies. The children were told they could use whatever they wanted, without having to ask. The para-counselors and staff were there to help them learn only if the children wanted to learn. Workshops were scheduled in photography, darkroom, video, leather, pottery, weaving, music, batik, beadwork, jewelry, and other selected handicrafts. Sports equipment was available and workshops were held in karate, yoga, volleyball, and gymnastics. All of this was theirs to share.

As a result, minor damage became evident immediately, mostly through carelessness and neglect. At one point even the para-counselors were found to be a major factor in this type of misuse. A family discussion was conducted in order to communicate the concern, but not to punish or take away what was theirs. It helped the children become more aware. They were excited about using what was available and wanted to experiment freely. They had simply been forgetting to finish one task at a time.

The result of this simple administrative decision was positive. At the end of this phase, only a few tools and a tape-recorder were missing. Nothing other than a few bean bag pillows needed replacement. The expensive cameras, which the children could take home after undertaking two workshops, needed only surface cleaning. The equipment had all been used, but in general, had not been abused.

Another decision that helped insure the equipment and "us" house were maintained, was the part time job system. If the children did special chores to help out, they were given money to spend on supplies. They were not expected to mow the lawn or do the dishes just because they were members of the "us" family. Instead, they were given a job to do, if they asked for one, and were paid, because like anyone else, they had earned it.

The children were not asked to be adults, nor expected to take on adult responsibilities. Rather, they were asked to be aware. They could wrestle and play physical games in the house, but they were asked to not disturb others who were involved elsewhere, and to take precautions if necessary (e.g. move the things which might be destroyed). The house itself had large windows, plants, and a fish tank, as well as many other breakable things. Yet only one thing was broken, a small bedroom window pane. A youth para-counselor threw a ball through it.

This awareness helped everyone physically, too. The only injury of any severity was sustained when the program director hit his forehead on the outside fireplace--reminding him too that awareness must also be an adult characteristic. The seniors did very well, some bouncing on the trampoline, playing basketball, and going camping. This extra awareness offered a stable model. Each person was responsible for his or her own conduct within a fairly open environment, which included everyone.

People

Thirty-four children joined the "us" family during the first year, most from the Medford area. Five children were females, twenty-nine were males. There were one fourth grader and two seventh graders. The rest were fifth and sixth graders. In all but eight cases, either the parents or schools had noticed previous behavioral and attitude problems (the program made the final selection of those children who most needed the help). Twenty-five out of the thirty-four children finished the summer phase. Everyone who did quit, did so during the first few weeks of turmoil.

Although the project sustained little material damage, the abuse to people often ran high. Most of these children simply did not know how to interact positively with other people. Nor did many para-counselors know how to help bridge that gap. Due to the established research design, the seniors had been separated from the youth, the young adults were acting only as activity resources, and the staff was trying not to interfere. The purpose was to allow the para-counselors to solve the problems. The result was less beneficial than might have been had more intentional support been given.

It was a screening process for the counselors, staff, and children. The more suitable survived. Those who could withstand the stress, remained and eventually gained. Others did not. Nine children, two youth counselors, and two senior counselors left. In all cases, there were in their lives stresses to which the program was adding. They could not handle it all at once. Much of the difficulty for the children and youth came from the family situations. This was especially so among para-counselors. One ran away, another moved with the mother after a family separation. Much of the difficulty for seniors stemmed from poor physical health and unresolved self conflict. One senior (not one of the two mentioned above) died one night in her sleep.

What must be understood is that stress will occur, especially in the first year of any program. The same is true of any family. That is why child abuse is more common in younger children. The program was trial and error, adjustment, a period of growth and change. It was an evolutionary process of adaptation and creation, shaping the environment as well as the people involved. It was out of this apparent chaos of unloading and unleashing that self-choice and direction emerge. People in this situation were asked not just to quietly conform and obey, but to explore, to seek alternatives, and to risk.

The counseling design called for two separate milieus (for research purposes), requiring that the senior and youth para-counselors meet with their children on separate days. The seniors met on Tuesdays and Thursdays, and the youth on Mondays and Wednesdays. During these days, the "us" house was open from 10:00 AM until 3:00 PM, with workshops held in the craft rooms or in the S.O.S.C. gym. The children came to the program on the days they had been assigned, and became part of either the senior or the youth milieu. Transportation was provided to and from the house, and when the children arrived, they were free to choose whatever activities they wanted.

Since not all activities were offered every day, the children were expected to be flexible in choice. Para-counselors often helped them get started in an activity, but the children could also initiate their own activities. The para-counselors were required to remain at the "us" house for a minimum of three hours to be with the children who usually stayed five hours. The children were not paired with any one para-counselor at first, but were instead allowed to meet everyone. They were later paired according to feedback from the para-counselors and children to the staff. Usually, two children were paired with each para-professional. The following chronology of counseling shows the process that evolved during the milieu days.

Chronological Counseling Process Summary

June 10 (Monday): The first youth day with 5th and 6th graders. The youth were extremely high in energy. One youth pulled back with personal problems in her family. A lot of joking today, mostly to vent nervousness. The children became involved easily with the activities, but were also observing "us". Quite a lot of spontaneous hugging today.

Tuesday 11: Senior day with the children. The seniors centered their energies around the crafts more than the youths who focused on sports. The seniors were more confident in creativity. Photography and camera classes today went over big as did leather work.

Wednesday 12: Youth day with photography again. Basketball and karate attracted immediate interest from the youth and children. The program director was injured today while playing with the youth. Everyone remained calm and it was accepted as a matter or risk and natural consequence.

Thursday 13: Senior day, and the young adults carried most of the load in the gym activities. The seniors spent a lot of time talking together rather than reaching out to the children. Some seniors came only for the bare minimum three-hour time and then left.

Monday 17: Youth day. The youth who ran away had come home and back to "us", but from her discussion about home, it seemed to be only a temporary stay. Played football and did karate, taught music, and went to the park for lunch. A parent came by to comment on the "us" paper, saying it contained grammatical errors. It was explained that the project was intended to motivate self-expression, not to instruct on method. S.O.S.C. okayed the gym use today for the project.

Tuesday 18: Senior day. Two children came without their usual dosages of Retalin and did fine. Activities were karate, gymnastics, track, lunch in the park, and crafts. The children especially enjoyed hard workouts in the morning. This was placing a stress on the seniors, only two of whom joined in. The seniors have pulled back even more. Somehow the environment was not conducive to their growth.

Wednesday 19: No one had paired yet on this youth day. The children were pulled aside and told that the youth needed help in reaching out too, and the children bridged the gap eagerly. An obstacle course was set up in the gym; the children ran until they literally dropped from enjoyment. The young adults were all late getting started.

Thursday 20. More children arrived today but fewer seniors. The morning offered karate, yoga, and gymnastics. One senior had died while sleeping, one quit because of high-blood pressure, and another quit because of the strain (mostly mental). These children were not easy to work with. A parent came by to let "us" know the project was exactly what the child needed.

Friday 21: Special hiking trip scheduled today by the young adults. Fourteen children went.

Monday 24: Flying day for some of the children and youth paras. Everyone was excited to see the valley and fly over their own homes. Pre-testing started today, with the youth helping the children. About a fourth of the youth were not being involved at all. One youth brought a friend and goofed off all day. This brought up the issue of bringing friends. Pottery was taught today, a success.

Tuesday 25: Senior day with a special meeting to discuss their pull-back problem. Rationalizations abounded, were listened to, and direct feedback was given by the staff. Suggestions were given in order to get things started; but mostly the seniors needed to risk and reach out. They were still afraid they would be rejected and were thus causing what they feared. The seniors each selected two children to work with. They have at least tried pairing. The children started bringing new members who, they felt, needed help in an environment like this.

Wednesday 26: Youth day again with a special staff-counselor meeting to discuss problems. Direct feedback and firm demands were made by staff to some youth who had completely regressed to childhood mannerisms. Two youth mentioned dropping. One youth had done most of the work and had children all over and was concerned about overloading. Flying again today for those who did not go Monday.

Thursday 27: Senior day started with an exceptionally rough basketball game. The children were very edgy. The seniors had paired and some talking occurred to ease the tension. Flying was the main attraction. Due to the slow start in reaching out, some children pulled back. A few more aggressive males were beginning to be physically abusive. More parental positive feedback came today.

July 1 (Monday): Youth day. One youth decided to take a three-week vacation and was dropped from the program because of his lack of commitment. The youth were again talked with about responsibility. They had been having a difficult time adjusting to the project shift. Previously, the focus had been on the para-counselors; they were a little jealous and upset that the focus was now on the 5th and 6th graders.

Tuesday 2: Senior day and fighting. A large group of children who were being ignored by the seniors started fighting. Staff, their counselors, and the children sat and talked. The project and purpose were explained, and the responsibility everyone had. A contract was formed by all these children to hassle each other less and try to find a more positive involvement. One child made a headband and gave it to the staff member as a token of thanks for communicating.

July 3-7: Holiday. The staff explored the "hidden lakes" area to find a possible place for a camping trip. The para-counselors were free to contact the children on their own, without project supervision. Only a few did.

Monday 8: Youth day with the first phenomenological observations tried, notes were made for feedback to the paras. A meeting was held by staff-counselors. The atmosphere was less job oriented and more relaxed and open to problem solving. The youth were told of the problems noticed, and they were asked how these might be solved. They accepted the responsibility. Most of the feedback was on a few youth who ignored their counselees and did their own things, while others were overextending.

Tuesday 9: Senior day and observations. The seniors pulled back again and the children ran wild. The staff remained more or less observers, trying to get the paras motivated. They refrained, though, from interfering with the process. The children appeared relaxed by afternoon and were working together, often without seniors.

Wednesday 10: During this youth day, a general atmosphere of baby-sitting prevailed. The youth and children were not making friendships, but were still staying with their own age groups. A few youth were doing exceptionally well without structure, but others were lost.

Thursday 11: The children learned to get along with each other better. They formed their own groups which seemed open to the adults, if they joined.

Saturday 13: The "us" para-counselors and staff met to find solutions to the non-reaching out problem. The seniors and youth both mentioned missing the total family feeling experienced during training, and were having a hard time re-initiating the effort and risk. Relaxed a lot. The group decided to try using contracts and goals to guide direction, with each counselor and each child writing their own and making self-choices, while at the same time evolving some plan.

Monday 15 and Tuesday 16: An observer-consultant came these days. His feedback was basically that people were taking advantage of the open system and were not being held accountable enough. In order to grow within the free environment, some structure and outside direction was required to guide them toward a self-capability which would enable productive use of the environment. This included the para-professionals too.

Wednesday 17: Youth day. The contracts were finished and taped on the wall. The "expression sheet", a complete wall, was full and a new paper-wall was put up. From the written comments, less outburst and frustration were being vented, and more joking and positive hints of "liking" were being written. Used the weight lifting room today, which the children enjoyed. The young adults and staff use contracts more as a way to solve problems, giving the person involved a means to assess and correct the problem on his or her own.

Thursday 18: Senior day. A senior spanked a child today and a special session was held among staff and counselors. This action was a carry-through from the baby-sitting, parental attitude being defensively held by a few counselors. Because of no reaching out, the tension and problems built to a point of explosion. It was unanimously decided that physical punishment was not to be used in the project again. Restraint could be used to protect someone from injury.

Monday 22: Youth day, with staff not going in, allowing the para-counselors more self-direction and responsibility. They carried the day fairly well, sparked by the trust given. One youth called about taking an indefinite vacation and was told to either choose to stay and remain involved or quit. The youth decided to stay and disclosed her frustration and fear of failing.

Tuesday 23: The seniors were still divided, with most reaching out but a few not. The staff stayed away today. A few seniors have become very close with their children. A lot depended on their own attitudes and self-images rather than training. Those who felt good about life in general found it easier to withstand the initial tension and risk.

Wednesday 24: A few youth scattered their own ways and were reminded of their contracts. The young adults and staff began to reach out to the children in greatest need, trying to model a sharing concern. This has helped a few youth join the process, though the more active youth at first felt threatened.

Thursday 25: An example of underlying tension between children and a few seniors occurred today. A senior was overly parental, and the child ran away from the area. A small group was held when the child came back, and issues were brought into the open. The children distrust the parental-authoritarian approach. They also fear being open with the seniors who will not relax and be open. At least the children and seniors were communicating about the problems.

Monday 29 & Tuesday 30: Planning was started for the forthcoming coast trips. During this planning the "pull back" para-counselors tended to be passively resistant, finding rationalizations and excuses for not going. The other, more involved para-counselors found any way possible to get beyond the barriers. The "pull back" counselors tended to be ineffective because they did not give willingly, but rather still sought to be given to; they did not seem to love or help, but rather sought approval from the children. How do we teach love?

August 2 & 3 (Friday and Saturday): The senior-children-young adult coast trip was held. Being together in the open brought about an explosion of negative behaviors at first, almost forcing the para-counselors to reach out and deal. The young adults and staff videotaped the process and took observations, while also trying not to intervene unless necessary to prevent physical or mental injury. The children worked out many of their own problems, but unity was totally lacking.

August 4 & 5 (Sunday and Monday): The youth-children-young adult coast trip was held. From the observations and discussion of the previous senior trip it was decided to plan more activities, using the young adults to help in this area. The children were given camp responsibilities, as were the youth. A large meeting was held to coordinate the daily activities. The trip was far more positive in nature, with almost no friction among the children. Some youth became hooked on their own needs, but the group activities covered for them.

Tuesday 6 & Wednesday 7: Large groups were held with the children these days to obtain feedback about the counselors, staff, and project, and to post-test. All the children wanted to come back next summer and most would like to continue during the school year. The verbal feedback was positive about the seniors and youth in general. The children seemed to understand those para-counselors who pulled back. There was very little blaming, but a realization by the children that they would have liked more contact and reaching out.

Friday 9: Water skiing for a day for anyone. Everything went well, with the young adults stabilizing the environment, giving more support to the para-counselors through planning and guiding activities rather than pulling back or providing counseling. Being in nature seemed to help.

Research

This year had been designed according to the grant proposal hypothesis and research outline. The hypothesis had been written to find out whether or not senior para-counselors could be more effective than youth para-counselors. The research outline had separated the para-counselors by age. In accordance, the project provided two milieus; one for the youth to be involved with a certain group of randomly distributed children (from the selected thirty-four), and one for the seniors. In general they met on different days and chose their own activities from the alternatives offered.

The first yearwas an experimental model from which feedback could be obtained. A second year re-design based in part on this feedback should be more productive. From this separated milieu process, serendipitous knowledge emerged. First, as the process continued, the staff realized that there was not an effective means available to observe and describe the process for individuals or for the project. Most of the attention was directed toward the chaos and requisite problem solving, rather than toward the healthy changes that were more subtly developing. Problems and negative factors became the focus. From this began the search for observational methods.

This search dictated another shift, toward active research. Before, only passive, pre-post, static research had been involved. This measured a behavior (answering the questionnaires) and related attitudes/perceptions at two points in the process, the start and the finish. If change occurred and was measured, this still revealed nothing about the process. The search led to the concpet of using phenomenological observations, describing the process of what happened as it happened, not from an outsider's viewpoint, but from a viewpoint located within the process.

Still, static research did produce certain worthwhile results, as follows: (A) Senior Para-Counselors showed no significant differences in the IPAT personality series on the pre/post tests (16 PF); no significant differences in self-disclosure; no significant differences in drug knowledge. On a self-evaluation counselor questionnaire, the seniors evaluated their home lives as better because of the program, their behaviors toward others as slightly better, effective development as a person better, and themselves as happier, more confident, and more self-liking. They reported being able to get along better with young adults, but noted no change with peers and children. Every senior reported an increase in awareness, feeling for others, other people's problems, and problem solving methods. Each senior felt the paired counselees opened up. Seventy percent felt pleased with the jobs they did. All of them would join the program again if they could do it over, and fifty percent would do so without a stipend. Every senior wanted to continue during the next year, would consider helping in the community outside the program, and would consider as a vocation, being a para-counselor.

(B) Youth Para-Counselors showed no significant differences in the IPAT personality pre/post series, although some variations were found in pre/mid test scores. There was no significant difference in self-disclosure, nor in drug knowledge. On the self-evaluation counselor questionnaire, the youth reported an increase in positive interactions at home, healthy behaviors, and personal development, stating they felt more confident and self-liking. They felt they got along better with peers, children, young adults, and seniors. Ninety percent reported increased awareness of the feelings of others, other people's problems, and conscious problem solving. Sixty percent felt the children really opened up to them, and eighty percent were pleased with the jobs they did. Eighty percent would join the program again if they could do it all over, and would do so without a stipend. Seventy percent wanted to continue the next year. Ninety percent wanted to work as counselors in the community, and eighty percent considered counseling as a possible vocation.

(C) Children--5th and 6th graders. Two factors in the IPAT personality (CPQ) pre/post series were significant ($p<.05$). There was an increase in the ego strength (emotionally mature, stable, and able to face reality), and a decrease in guilt proneness (less apprehensive, self-reproaching, insecure, or troubled and more self-assured and serene). On the self-evaluation counselee questionnaire, the children reported a positive change in family and peer interpersonal relations, and an increase in self-worth. The parents reported that their children behaved slightly better at home and with other children, that the program had helped the children develop as people to a higher degree than expected, that home life seemed somewhat happier, and that the children appeared more confident. All the parents questioned stated they would send their children to the program again, and ninety-four percent said they would like them to continue in the Autumn. Most parents preferred that the program complement the school activities rather than compete for time. Ninety-four percent said that weekends would be acceptable times during the school year, and fifty percent agreed to the children attending the program for one-half school day a week.

Feedback from group discussion with the children indicated: (a) both seniors and youth counselors were liked, but the youth more for activities and the seniors for discussion (paradoxically the youth contacted the children more after the program ended and during the vacations than did the seniors); (b) rapport or liking was less dependent on age than on the individual counselor and how that counselor acted toward the child, (c) their favorite sports were gymnastics, karate, and basketball, (d) the favorite crafts and skills were leather, pottery, and photography, and (e) the favorite events were the coast trips, flying, hiking, and visits to the counselor's homes.

The only difference between youth and seniors in effectiveness (the original hypothesis), was that the parents whose children were paired with youth paras reported significantly more change in the children's happiness than did the parents whose children had been paired with seniors.

Philosophy

As had been anticipated, the "us" family regressed during this counseling phase, at least at first. The level three characteristics had not been stabilized during the short training period, nor were they expected to be so. Values, motivation, awareness, all major realms in human development, do not change quickly, nor without fluctuation according to the environmental contingencies.

What might be examined then, is not whether the level three characteristics remained, but how rapidly and successfully the newly expanded "us" family could return to the higher level, helping the children along the way. As noted in the chronological counseling entries, not everyone was able to return to the higher level. The environment was far less supportive for counselors during the counseling phase than during their training. As in normal evolutionary process, those who had not developed ability to consistently reach the third level were the ones who were unable to adapt to the changed environment.

What happened was a downshift and then a gradual return (similar to the growth or health curve), but not quite to the same level. Granted more time, perhaps, the growth would have continued. Perhaps change in personnel was needed, letting those leave who could not adapt, yet allowing them to go knowing they had done their best, even in leaving. As it was, the project functioning returned to the second level when the children joined the family. Ego-needs became predominent, along with mechanical interaction, need for security, testing of reality, and dreams rather than actualities.

For some people, this functioning returned even to the first level, characterized by survival behaviors, somnambulism, awareness of the environment, need for trust, physiological concern, and potentially damaging relationships. Most people in this state made a healthy choice and left the family. Others stayed and continued trying.

A few more self-developed people modeled second level functions that neared third level characteristics. They were the ones who usually reached out most, played, touched, loved, and had impact on the children. They kept the process alive and healthy while others struggled to return to a higher level of functioning. Very few escaped the pains caused by growth.

By the summer's end, the family was functioning between levels two and three. A social order had been firmly established in the youth milieu, and some semblance of one was becoming apparent in the senior milieu, although the senior milieu children used major energies to satisfy ego-needs. Security had developed, and a feeling of belonging. Nearly everyone wanted to return. Mutual trust had developed only sporadically. Successful impact occurred occasionally, as did normal facilitation. An "us" identity was forming, but more time, energy, and change was needed.

Outwardly, the indicators of healthy development were sporadic and constantly vacillating. Before the outside, observable manifestations could stabilize, the inner cohesiveness of family feeling, caring, and love needed to be communicated and established. From the resulting base, the children could solve their own problems, a point they demonstrated repeatedly. It was from this base, that each person, no matter how old, reached out, and in return for risking, more firmly established the joy within. As the senior who died wrote in one of her last journal entries, "I feel it has really given me a whole new outlook on life....a priceless experience, and I feel there isn't a person in the group that I couldn't really be close with... life is really beautifully full, and so many people feel this way when you reach out and accept their reaching back..."

Year 02: Feedback and Re-Design
(August 16, 1974 to October 29, 1974)

Chronology of Events

Aug. 16: Coast trip with staff and young adults to evaluate the program and begin re-design.
19: The staff and young adults designed the counselor questionnaire for program feedback.
20: Youth para-counselors did questionnaire.
21: Senior para-counselors did questionnaire.
26: Young adult para-counselors did questionnaire. Data tabulation started.
Sept. 9: Planning for next year started, with guidance from feedback data.
11: The young adults and staff encounter-growth group started.
15: Began analysis of Year 01 pre/post data.
21: Began writing Year 01 report.
26: Young adult and staff marathon session.
Oct. 1: The youth para-counselor group met to discuss who would return to the program for Year 02.
2: The senior para-counselor group met to discuss who would return to the program for Year 02.
8: The selection of Year 01 para-professionals who would return Year 02 was made by the staff.
10: The selected para-professionals and young adults were given the responsibility to look for people who would be potential counselors.
16: The youth and senior groups met to begin relaxing and communicating again.
24: One staff member and four young adults left the program.
25: Film of a birth shown to youth-senior para-counselors and discussed.
29: The para-counselor groups held their first interviews to select new members for the "us" family. Each group selected a leader and directed its own session, with staff and young adults observing.

Administration: Feedback and Re-Design

Eight objectives had been established by the grant proposal for the 02 year. These pre-selected indicators of program success were: (1) enhancement of counselee social and psychological functioning and adaptation, (2) positive change in counselee behaviors and attitudes, (3) detection and reinforcement of counselee positive change by significant others, (4) demonstration of an alternative para-professional model that might potentially prevent drug abuse, (5) determination of differences in effectiveness between senior and youth para-counselors, (6) prevention of peer para-counselor drug abuse and maladaptive behavior, (7) enhancement of senior para-counselor feelings about usefulness and worth, and (8) training of para-couneslors who would be employable in future counseling projects. In general, all these objectives had been reached.

Attaining objectives, however can be misleading, just as pre/post data may be. Attempting to reach objectives focuses attention on final ends or goals, but usually pays less attention to the means used to obtain these objectives. A person's negative behaviors can be prevented or extinguished, thus fulfilling a pre-established objective; but if the same person has simultaneously lost several healthy abilities through the modification process, the overall effect may be detrimental. The means or process is as important as the ultimate objectives.

The analysis of process, according to the synthesis chart, showed the project to be functioning between levels two and three. Development was continuing when the summer ended, and it might have been possible to reach a solid level three functioning, had more time been available. The data was supportive. The objectives had been met. Yet something qualitative was lacking. Time was needed to pull back from project operation as established by objectives, to gain new perspectives. Feedback, discussion, brain-storming, and re-designing were crucial to project growth.

Evaluation Feedback. An important source of feedback was from the outside evaluation team. Their information pointed to strengths and to several weaknesses, especially in project administration. Some of this feedback and the project changes induced were:

Finding: Inadequate documentary evidence existed showing NIMH/NIDA authorized changes in programmatic thrust.
Recommendation: Write a document showing these changes and submit this to NIMH/NIDA, the Review Board, and RVCA.
Changes: A project summary grant was written to show programmatic thrust differences and was submitted to NIMH/NIDA for approval.

Finding: The management of all research, managerial, planning, training and counseling components of this project is monumental.
Recommendation: An assistant to the project director should be employed.
Changes: An increase in staffing was requested. The half-time positions would become full-time, and three new full-time positions would be created.

Finding: No concise sequential written document describing the rationale, objectives, plan, direction, and activities of the training component is in evidence.
Recommendation: Prepare and distribute such a document, outlining the previous year training component. Prepare a projected training document for the second year.
Changes: A training philosophy describing the developmental stages, together with a synthesis chart was written. Training objectives were specified.

Finding: The use of extensive individual journals and case reports may cause the research to substitute quantity of paper (evidence of activity) for quality of analysis (evidence of accomplishment).
Recommendation: Substitute or add some form of criterion-referenced tests so that program success can be empirically demonstrated.
Changes: An increase was made in objective questionnaires and observations (see Chapter 5).

Finding: There appears to be a very limited amount of data collected on drug usage or drug usage patterns among the young.
Recommendation: Collect and compile this data.
Changes: A normative questionnaire was developed and used.

Finding: No written project time lines exist.
Recommendation: Establish and relate these time lines to objectives.
Changes: A time line for the previous year had been outlined in the multiphasic. This was increased to outline Year 02 also.

Finding: No longitudinal research follow-up study has been designed.
Recommendation: A minimal seven year longitudinal study should be initiated.
Changes: Before longitudinal research follow-up study could begin, the project would need to be firmly established. According to NIMH/NIDA communication, funding was for two years only. If the short-term model and research justified follow-up research, another project designed for that purpose would be initiated. Within funding and staffing limits, the most feasible way to begin establishment of longitudinal research was to further strengthen the counseling and research abilities of the present two-year program.

Finding: No inventory of project apparatus exists.
Recommendation: Establish an inventory file and check-out control system.
Changes: An inventory was made. The check-out control system was developed very loosely to allow the same responsibility and freedom to be given to the para-counselors and children. A controlled, highly structured check-out system might have been detrimental to the purpose; this might have separated the project's material possessions from the people. As long as the equipment was theirs, they appeared to care for it.

Finding: Recruitment of new students to be counseled should be effected with greater speed.
Recommendation: A list of target counselees should be created and handled with utmost care so as to not infringe upon the rights of the students.
Changes: A special recruitment procedure was established with a list of volunteers who wanted to join the program. No behavioral problems or labelling descriptions were allowed on these lists, only names, addresses, and phone numbers. When a child and his or her parents were interviewed, a special referral worksheet was used to guarantee all procedures were followed.

Finding: The Review Board and Advisory Committee do not appear to contribute anything to the program nor meet often enough.
Recommendation: The people should meet formally on a minimum basis or be disbanded.
Changes: The Review Board had never been designed to meet frequently. Its purpose was to protect the rights and welfare of subjects by periodic review of the project. The advisory committee had only met once, at the beginning of the project. It was basically inactive. The Review Board decided to meet monthly during project operation and to act as an advisory board when requested.

People

Although the evaluation had helped to strengthen the administrative and research components of the project, it had not given feedback necessary for improvement in the counseling and training aspects. This area rightfully belonged to the people who had been involved in the actual process. It was these people who needed to provide both the feedback and the re-design, according to their needs, potentials, and abilities. Interviews and a questionnaire were employed to obtain this feedback (see Appendix - "Year 01: Feedback Questionnaire Results").

Overall, the para-counselors had felt they had gained in personal growth because of experience in problem solving. Most had felt their counselees had opened up to them, and that a mutual, sharing relationship had developed, resulting in a positive change in the counselees' behaviors. Parents, siblings, friends, drugs, and sex were some of the topics covered in discussions. The counselor-counselee relationships appeared quite positive.

The qualitative lack was not in the interactions between the para-professionals and the children, but rather in the training, and in project structure. Over three-fourths of the questionnaire respondents stated they felt uncomfortable undercurrents in the program, especially in the young adult and staff group. Sixty-four percent felt some of their fellow counselors should not be in the program. Poor communication and personal conflicts were repeatedly named as problems within and between age groups, and as major negative influences on the children. Approximately two-thirds of the youth and seniors felt training was adequate, but not one young adult agreed. About three-fourths of the para-professionals wanted to learn more counseling techniques or skills; half felt they could have been better prepared to be counselors. Most wanted training to continue after pairing. Few people felt the program had let them down; however, three-fourths wanted more structure and feedback. Only thirty-nine percent had felt they fully understood their jobs.

From the interviews, journals, and essay questions concerning the program, terms such as rigid, self-centered, non-concerned, non-committed, non-caring, closed, gossipy, and disloyal were used to describe the problems faced by people. Man-handling, sexual games, bribing, coddling, smoking, and bad modeling were behaviors which were cited as evidence of the problems. Competition, rivalry, bad-vibes, ego-problems, and lack of cohesiveness and direction often described the negative aspects of the groups. Lack of direction and excessive expectation defined the problems in structure.

The qualitative problem was becoming evident. People, training, and structure were weak in development. The project represented the problems inherent in most embryonic systems. It was an average project, representative of the larger organizations within the bureaucracy, within the national system. And that itself was a qualitative problem. An alternative model designed to prevent abuse and enhance mental health required a project which went beyond what already existed. This project had not yet grown beyond, as its process, data, evaluation, and feedback demonstrated. It was doing just about as much to help people as any other project.

Before any further efforts at helping others could be made, therefore, it was essential to first strengthen and develop the project. As in the case of an individual, self-growth is a pre-requisite for helping others. The three weak areas were focused on and re-designed by everyone involved. Those who had been in Year 01 had given feedback. Those who stayed for Year 02 would use this feedback to guide changes.

People--Redesign. The group that appeared to be having the most difficulty in the project was the young adults (including the staff). It was this group that reported the highest interference with job effectiveness from personal problems, the highest need for meetings with fellow counselors, the highest need for structure, the lowest satisfaction in training, and the least amount of job-role understanding. They had been trained as para-counselors but had in effect become para-staff resources. They had been asked to assist the youth and senior counselors with the children, but to not interfere needlessly. They had encountered a special stress, caused by changing roles and ambiguity. They were also in limbo with no place to belong.

As a group, the young adults no longer fitted into the program. Some had been able to adjust to the changing definitions, others had not. Communication among the members had become blocked, focusing on external problems in the project, rather than realizing a major problem of the project was evasion, a failure to be honest and open toward each other. The problem, as much as they could do to change it, was themselves, as it was with the youth and senior para-counselors. Only if each person in each group took the necessary steps to create healthy self-development, would the project itself be healthy.

In an attempt to reduce this nexus, the young adults formed a growth-encounter group. Their purpose was to do things together, to communicate openly, and to find alternative methods for enhancing self and the group. This group met twice a week for three to five hours and held two marathons lasting three days each. The interaction was intense and demanding, at times producing such extremes of joy and pain as to be etched in memory forever. Undercurrents emerged into the open, and people did their best to understand and facilitate the process.

From this six-week long interaction, two groups emerged. One group chose to leave the project, seeking to satisfy their other needs and interests. The other group chose to stay, determined to continue pulling together as a team. When they had decided to stay, they had been told nothing could be promised. They chose to remain and put forth the effort because they believed the "us" concept had potential and because they had found a meaningful way to enhance this potential. This group designed the second year program and, when NIDA accepted and funded the design, became staff.

Meanwhile, after a month long pause, the youth and senior para-counselors had started their groups, on a much less intensive level. They had always had roles in the project and had been able to try them out. Most youth and senior para-counselors knew whether or not they could or wanted to continue. Some decided to not come back when the second year process started. Of those remaining, six youths and six seniors were selected to continue.

Selection of new para-counselors during this phase was made by having these six youths and six seniors bring people they thought would become healthy para-counselors. These individuals were interviewed by their respective age groups and selected on the basis of peer-evaluation. The youth selected seven new members, the seniors, three.

Training--Redesign. Feedback about training indicated many para-counselors felt a need for more skill and counseling technique development. According to the observations made by the staff, most para-counselors also needed to learn how to apply these and other already learned skills and techniques. Getting beyond self-exploration and growth would be a must for this training session. They would also need to learn how to actively help others.

A training philosophy was written to provide an overview of the developmental areas and levels found in humanistic psychology (see Chapter 3). Also training objectives in group interaction, counseling competencies, research, paper work, skills, crafts, and general knowledge levels were formulated (see Appendix - "Year 02: Training Objectives and Levels").

Structure--Redesign. The actual redesign of project structure resulted from a major effort on the part of the young adults and staff in response to feedback and evaluation by the youth and senior para-counselors. Paradoxically, in view of the discomfort some had undergone in an unstructured environment, more responsibility and freedom were provided, allowing the para-counselors more time to be with their children on their own rather than in the program environment. Even the alternative resources became less structured, shifting from daily alternatives being offered to the children as choices, toward having the para-counselors and their children request and design the activities they wanted.

This paradoxical solution evolved out of further discussion about the structural problem. The previous counseling environment had been semi-free and semi-structured, hence had provided trainees a less-than-stable environment within which to adjust. The para-counselors had been told they were responsible for the children, but had also been required to meet, usually within the program environment, where they were given little free one-to-one time away from the group. They had thus become dependent on the environmental structure and had grown hesitant to take the initiative in reaching out or following through.

Once this problem came to light it was clear that what they really preferred was less environmental structure impinging on their responsibilities, and more freedom to do what was chosen and designed by them and their counselees. To give them the needed support that structure might have provided, they wanted instead to have more meetings with staff and among themselves to discuss problems and obtain feedback and suggestions.

Research--Redesign

Although the research component of the "us" project had been weak during the first year, it had done what it had been designed to do. The tests that had been suggested by the grant proposal (IPAT series) had been used, together with several others. The data from these tests captured the program pre/post gain fairly well, and agreed with the process analysis according to the synthesis chart. There simply had not been very much change to measure.

Before a project like "us" emphasizes research, it must first be operating on a level which can produce a change to be researched. Few projects can do so during the first trial period, for it is then they must concentrate on developing an effective process--and its supporting system. This was what "us" had done.

Now, with the first year experiences to guide the second year redesign, with more time to prepare and follow through in the counseling phase, the project appeared capable of enhancing developmental change. The second year should produce more to be measured, and it would need more tools to do so. And, shifting young adults to para-professional staff positions, more time and emphasis would become available for conducting research. In consequence, additional measurement devices were added: Semantic Differential questionnaire, school-home-counselor referral behavior checklists, school-home adjective checklists, Piers-Harris Self Concept Scale, normative study (with a control population), teacher-home progress reports, counselee sociogram, Walker Problem Behaviors Identification Checklist, activities hierarchy, tentative criteria hierarchy, and a counselee inventory of counselors (see Chapter 5 for explanations and results).

Philosophy

Often the most difficult action to take in such a project is to abandon an accepted timeline in favor of an unproven redesign. Yet, such a radical departure, despite its momentary unproductivity, is often crucial. It is from such periods of conscious silence that solutions to problems emerge, habitual patterns can be disrupted, energy levels can be recharged, and a more conducive path toward a higher level of development can be chosen.

The feedback and data accumulated during the "us" Project's redesign period indicated that not all needs of the third level had been satisfied. This further verified the analysis made about the program development during the Year 01 counseling phase. The program was stuck between level two and three, not yet able to make the transitions. As a result, the unfulfilled needs, closest to attainment, and therefore most often felt or mentioned, were from the third level.

People were seeking ways to communicate and be genuine with each other within a relationship of mutual trust and belonging. They wanted to make a successful impact upon the program and upon the children with whom they had been paired. They were trying to create a social system, identify with a larger process, make plans and follow through, combine parts and the whole, and trying to facilitate others' efforts to do so.

For the project to help them achieve this meant first taking an honest look at what the project had or had not become, listening to feedback, and admitting mistakes. From there, change and redesign could evolve naturally. This period was painful for many people, but as in any birth, the result was worth the pain. Everyone had done his or her share in making choices and following through.

Year 02: Training (October 30, 1974 to February 15, 1975)

Chronology of Events

Oct. 31: Staff and young adult (para-staff) planning and project redesign continued on a daily basis.
Nov. 2: First full day of training. Pre-testing of new para-counselors
9: The staff attended an Oregon Psychological Association meeting to search for project ideas in research, training, and continuation.
19: The behavioral and phenomenological observation methods were decided upon as further research and feedback tools.
20: Research started in the ERIC reports system for literature concerning similar para-professional counseling/prevention programs.
22: The staff and para-staff visited community agencies that worked with children with problems. A community resource outline was being made for use in training.
23: The training objectives and philosophy were formulated and given to the para-professionals.
Dec. 3: The Medford 549C school district reaffirmed its willingness to allow the "us" program to work with 5th and 6th graders.
4: The Ashland schools gave permission for the "us" project to work with 5th and 6th graders.
6: The Year 02 grant revision was completed and sent to NIDA with an appropriate budget change and request for new staff.
7&8: The first weekend training session was held for the whole group (two days and one night).
12: The "us" staff and the Review Board decided to work with the Ashland schools rather than Medford. The evaluation team was re-hired for this year.
13: Editing of last year's video-tapes started. The aim was to create a special training tape for the project.
14: A community agency that worked with problem behavior adolescents was asked to join with "us" for the day. This marked the first actual effort of this program to actively reach out to other such agencies.
18: The "us" staff met with the Ashland school principals.
23: NIDA approved the grant revision and program redesign, including the new staff positions. The young adults paras became official staff.

Jan. 7: Staff members began taking college courses to increase their skills.
8: Contact with the Ashland elementary school principals and teachers started, its purpose to explain the program and receive feedback.
10: A special staff growth group started meeting weekly for one half day.
11: Research training started for the para-counselors.
14: S.O.S.C. agreed to allow the "us" program to use the gym facilities.
23: Review Board meeting to discuss the interim evaluation report and provide a program update.
24: The list of names collected in the Ashland schools was tallied. 191 children volunteered to join the program.
Feb. 4: The staff started special behavioral observation training for research purposes.
5: Parent interviews were started in order to make the final selection of children for the program.
8: The para-counselors were given the third-level exam and started final preparation for the incoming children.
12: Mid-testing of para-professionals.

Administration

Probably the most critical administrative task during this period was the proposal design revision. The young adults and staff had already redesigned many aspects of the program, thus necessitating more research, training, and alternative resources. To carry out these planned changes required more staff; this required approval by NIDA/NIMH, which was given.

The staff now consisted of: (1) a part time executive director, (2) a full time project director/principal investigator, (3) a full time assistant director, (4) a full time project coordinator, (5) a full time researcher, (6) two full time observationalist/trainers, and (7) a full time secretary/bookkeeper.

The seven member full-time staff consisted of four males and three females, who ranged from twenty-four to forty-nine, with a mean of 33.4 years. Four were single, three were married. One staff member had four children, another had one child. Mean education was 16.7 years, with a range from 15 to 20 years. They manifested no physical defects.

The second major task for the "us" project was contacting the local school districts and receiving their approval for working with the 5th and

6th graders. Medford, Phoenix-Talent, and Ashland all accepted the project. Due to transportation difficulties however, the staff and Review Board decided to focus efforts in Ashland. This was where the "us" house was located, and a central location could reinforce attendance by the children.

When the program was discussed with the schools, Phoenix offered to give credit to the para-counselors from its schools for participation in the program. Each youth counselor was given a class credit for his or her involvement. Ashland later responded in the same way. Both schools also expressed an interest in developing a para-counselor program within the school system. They too were looking for alternatives.

The selection process for the 5th and 6th graders varied somewhat during the year. Rather than relying on the schools to pass the word to the children about the program, it was requested that "us" representatives (a young adult, a youth, and a senior) visit the 5th and 6th grades to explain the project. Over 191 names were submitted out of a total 344 children who were contacted.

In an effort to reduce this list to a manageable number, the teachers were asked to recommend children they thought might best benefit from the program. These children received first priority. Their parents and others were then contacted by phone, told about the program and asked if they wanted to have their children join. Those who wanted to have their children participate were asked to come to the "us" house for an interview and a more detailed explanation of the program. At this interview they were given the parental consent form to read and sign, and a behavioral and adjective checklist to fill out concerning their children. The program thoroughly explained its intent, covering the experimental approach aimed at preventing problems (including drug use/abuse), testing and confidentiality, responsibilities required of the parents (questionnaires, open communication, and follow through), staff willingness to answer any inquiries, voluntary participation of the children and parents, with discontinuation at any time by notification and discussion with the staff, risks and potential benefits, and the names of other agencies to which the parents could go for help.

People-Training

The para-counselors had previously selected the new youth and seniors for training. The youth had no difficulty in finding people, but the seniors did. The seniors, unlike the youth in school, did not have access to large numbers of people their age. Their contacts were limited. Consequently, the staff helped, putting articles in the paper, making presentations before the RVCA gatherings, appearing on television, and meeting with the seniors in the Rogue Valley Manor, a large senior-citizen retirement complex. Eventually six senior citizens applied, three of whom were accepted.

This non-involvement of seniors became a major concern for the program and was discussed with the "us" seniors. An opportunity to share with others and help children existed, yet the local community senior adults were not eagerly participating. Many "us" family seniors expressed the feeling that most of their peers simply did not want to make the commitment required for such an effort, or take the responsibility. Most also believed seniors hesitated because they were afraid, fearful of the rejection and failure which were characteristics becoming increasingly evident as the aging process continued. Not being allowed a place in society, seniors had stopped caring, for self and for others. This, the "us" seniors explained, was why they had so few friends to bring into the program.

A project like "us" required a special person, willing to risk and commit self beyond normal efforts. The training in itself required fourteen hours a week, with another three to four hours for journal entries, research reading, and travel. During this time, interaction was often intense and trying, challenging a person to grow and learn. The stipend was minimal for seniors and less for youth. They came because they were special people, hoping to make the world a little better, providing some meaning to life's process, by sharing with people, not for money, power, or prestige, but because they truly cared.

The Year 02 training lasted approximately 15 weeks, totalling 175-200 hours. Most training was held every Tuesday and Thursday night from 7:00 to 10:00 PM, and all day on Saturday (9:00 AM to 5:00 PM). One weekend training session was held in a special retreat loaned to "us" by Boise-Cascade. This lasted two days and one night, and established the precedent for furture overnight outings. It provided a "high" to equal any altered state of consciousness, a sharing to remember, with people in nature. Not all went well. It was not the parts that counted, but the process, changing a pseudo-group of lower level interactions into a facilitative "us" family.

The staff also continued training during these weeks, most going to college, all participating in a special growth group. The growth group kept interaction in the open, and the staff began to experience fully what they were expecting the para-counselors to do. As in the para-counselor training, there were moments when anger and chaos emerged, as did love and genuine caring. It was a testing area, a ground for experimentation in growth. The only thing it was not, was easy.

Neither was it easy for the para-counselors who would eventually learn to facilitate and guide their own groups, to reach out, to organize on their own, and to stabilize interaction on the third level. To do this, three group patterns were used: (1) a large group, (2) three small groups divided into youths, seniors, and youth-seniors, and (3) two groups equally divided with youth-seniors. These three group patterns allowed large group unity, peer group identity, and mixed age interaction. The training process was as follows:

Chronological Training Process Summary

November 2 (Saturday): The youth and senior groups had met during the preceding month to interview and select new members. The groups decided to learn more skills and crafts and to spend time just sharing in a relaxed atmosphere. In the morning everyone listened to a tape by Dick Gregory and then discussed various issues which had been raised, such as war, communication, and honestly caring about people enough to sacrifice material reinforcement. Only a few were vocal, the rest remained silent, especially the youth. In the afternoon, people selected crafts to learn and spent the hours creating together.

Tuesday 5: Tonight the values levels were explained and a large group discussion was held concerning responsibilities in the program and the operational level used to meet these. It was decided to try to operate on the social contract level rather than by rules and regulations. One youth who had been having difficulty the year before in responsibility made a self social contract to follow. An argument between two seniors was resolved through role playing and active listening. The group decided to rearrange the room to help youth and seniors begin being physically together.

Saturday 9: The para-counselors were asked to organize their own training day, with last year people helping the new members learn crafts and skills or just become acquainted. One staff member was present to make observations. Most people were enthused and pitched in to organize the day. Two youths from last year slept most of the day, as did one senior from last year. One youth from last year distracted people and had the new youths involved in similar behaviors. The seniors as a group were outstanding, but the youth in general could not handle the freedom and responsibility. A volunteer consultant from a local store came in to teach crafts, leaving leather and dyes as a donation.

Tuesday 12: The young adults (para-staff) and para-counselors started running small groups to experience the group facilitation role. There was some fear on most people's parts but everyone pitched in to help the acting leaders. This allowed the staff to observe and give insights into the group process. The fishbowl process was used later, allowing the youth to disclose among themselves while the seniors listened and observed.

Thursday 14: The seniors and staff described each other, using analogies and adjectives during a fishbowl session. These comments were written on newsprint and then each person discussed which analogies or adjectives he or she felt really fitted. The youth listened while the para-staff facilitated the group and made observations. The youth then gave feedback on the level of cummunication and interaction in the senior-staff group.

Saturday 16: Case studies on the new members were started by last year's counselors. Craft workshops were conducted in the afternoon and were video-taped. These activities and related non-involvement problems were replayed and feedback by the staff was given to the para-counselors. Awareness and habituated patterns were discussed and the group requested more feedback to pin-point problem areas. Most youth stated they had been unaware of the disruptive and non-attentive patterns; this was their typical behavior in school or at home.

Tuesday 19: A special monopoly game was played in groups of 5 to 6, with one person having special privileges (e.g. extra money, the right to force others to sell land, non-taxation). The others were told to play normally. Of the four groups, one joined together to counteract the special privileges given, and one team tried but failed, and two remained as individuals and lost the game. The games were video-taped and discussion followed concerning teamwork, emotions, ability to make change in society, and competition versus cooperation.

Thursday 21: The project attended a show called the "Trial of Billy Jack", which dealt with an alternative school and a person who sought to reach the higher levels of development. Everybody had a good time, with seniors and youth sharing openly as though proud to be together as a group.

Saturday 23: Everything the staff and para-staff had planned to do for training was rejected or passed by. The Thursday night show brought forth many emotions, and people began opening up and unloading. Values were discussed concerning killing people and animals, and the casualness in which this is done both physically and mentally. Communication as described by the counseling levels was discussed and people examined the levels they had been operating on during the morning (mostly level two). The youth remained silent and the para-staff began challenging them for non-participation. The seniors were blamed and one senior got up and walked out, coming back a few minutes later because she had left her keys. This brought the humorous side of life out and everyone laughed in relief and started trying to understand what had happened. A senior and youth facilitated the group. Later, one youth who requested counseling concerning a home problem did so with the program director as the group observed the process and then discussed it afterwards. A discussion on death developed and two burials were role-played.

Tuesday 26: A pot luck dinner was held at a senior para-counselor's home, with good cheer and sharing of an early Thanksgiving meal together. The journals were collected for the first time.

December 3 (Tuesday): Didactics on behaviorism and humanistic psychology commenced. A para-staff member explained behavioral contracts (defining the problem, selecting objectives, observing and setting a base line, planning contingencies, and evaluating), and the dangers of using these tools as a cure-all technique to make others conform was noted. The paras were asked to formulate behavioral contracts for themselves.

Thursday 5: Planning for a weekend training trip to Katydid, a country retreat generously loaned to the "us" project for this special use. A training and activities schedule was outlined. Films from the Intermediate Education District were selected.

Saturday 7 & Sunday 8: Upon arriving at Katydid for a weekend training session in the country, the para-professionals planned a "duty" chart for cooking, cleaning, and other responsibilities. After everyone became familiar with the place and selected sleeping quarters, a film was shown, "The Animal Farm". The group discussed the film and those aspects that related to the project and the national culture. After lunch the staff collected the behavioral contracts and small groups (all ages) were organized and facilitated by the para-staff. Role playing, metaphor-analogy definitions and understanding the differences between feelings and intellectual disclosures were used to help the groups. The staff made group observations according to a group dynamics chart and gave feedback to individuals. The group came together and the contracts were discussed. Only two people had followed the design and made a valid contract. The contracts were reviewed and people talked about those things they sought to change in themselves, and whether or not the behavioral tool fitted the problem. After dinner, a film on marijuana was shown and the group talked about drugs. At night the youth caused disturbances until 3:30 AM. In the morning a special encounter group was held. One youth who had been the main instigator (he had been so in the other days also), was challenged openly and a vote was taken by everyone to allow his continued participation or to ask him to leave the project. The group decided to allow him to stay if he would work out a contract to stop this negative behavior and find other avenues for interaction. This also started what became known as the "crisis group" meetings to be used extensively throughout the program. These allowed the group to resolve problems rather than the staff. Anyone could call this group together when in crisis. The rest of the day was spent discussing sex roles and sexual energies; this had been a major factor for disturbances the previous night. Many youth had never experienced a co-ed overnight environment and did not know how to respond healthily. This was a critical factor to get beyond since overnight camping was being planned with the children and para-counselors. The para-counselors would first have to be able to respond in a healthy manner (e.g. respecting the rights of others, being aware of feelings-emotions and discussing them openly, and not getting trapped by sexual flirtations and manipulative games).

Tuesday 10: The youth who had been the instigator over the weekend did not come to this meeting and this was aired. The contracts for everyone were finished in small groups, para-counselors helping each other. A problem among three females and one male youth had developed (jealousy and rivalry), and a senior led this group in a counseling-reflection session, pointing to the importance of honesty and open communication in preventing such problems. The group talked about swearing and non-judgmental environments.

Thursday 12: Instruction was given about the counseling levels and discussion followed, relating the project and individuals to these levels. A staff member demonstrated how behavioral techniques worked best for the lower levels while the humanistic approach was best for the higher levels. Four para-counselor pairs role-played problems they chose as important to them (family, friendship, parents, and self-health). These were video-taped and reviewed, pointing out the counseling techniques used, especially active listening or reflection, and also the counseling levels obtained.

Saturday 14: The Star Gulch adolescents were invited to share with the "us" program today (a group of "problem" adolescents who were in one of the community agencies the staff visited). The para-counselors were extremely nervous at first but then relaxed. People began using the crafts as a means to get together. All this was video-taped and played back, this providing a major interest for the Star Gulch adolescents.

Tuesday 17: The para-counselors designed, role-played, video-taped, and analyzed triads dealing with problems. The problems they represented were loneliness, sibling rivalry, peer rejection, and family hassles. Reflection was taught again this session, with most people being able to select reflective statements from among others. In trying to reflect, most still remained evaluative, diagnostic, or explanatory. Reflection was demonstrated by the staff and these points were emphasized: reflecting the feeling beyond the words or action (the third ear), acceptance, non-structuring of the relationship, and non-directive feedback.

Thursday 19: The training objectives were presented and explained. Didactics were presented on the motivation levels, and discussion followed concerning the significance of these levels to the project and individual growth. The youth who had left the program came back and asked for another chance and the group decided to try again. Small groups were formed with the para-counselors leading them, making written observations about the interactions, and giving feedback. The groups focused on the new members, helping them open up and relax with others.

Saturday 21: Training started by teaching everyone how to set up, record, and play back the video-tape. The group discussed observations, feedback, and group counseling, their fears and related hesitancies, and the difference between training to be a counselor and being counselled. Didactics on synergy and a discussion about project and individuals led to talks about highs, peak experiences, bad trips, and creative growth. Training ended after lunch with a moment of pause and relaxation before the Christmas break.

January 2 (Tuesday): The para-counselors were asked to evaluate themselves according to the training objectives and help determine what areas should be covered first and most. A concept called "time-out" was discussed, especially relating to the youth who came back but was acting out. "Time-out" was selected as a verbal feedback to anyone who was disturbing or doing harm to the group or individuals. With it, came the request to sit back or leave the room and think for a few minutes about previous behaviors to determine if they had been disruptive. If the time-out call was in error, it could be challenged after this time. The para-staff (now officially staff) acted as group observers and were in turn observed by the staff. Everyone was given feedback. Some para-staff found it difficult to observe without interfering with the group process.

Saturday 4: Today the group again discussed values, using Kohlberg's value learning system of presenting the value-dilemmas and having people discuss their choices. These choices were later related to the value levels chart. Value discussion led into social status and a sociogram was made to depict interpersonal reaching out within the program according to status and age. The seniors disclosed their fears of not being accepted by the youth, and explained this was so because they as youth had often only visited with seniors as a gesture of being nice. People began discussing why they had joined the program; eventually most agreed it was to share with others in an open environment. Brief therapy was reviewed and demonstrated.

Tuesday 7: The para-counselors divided into three groups (youth, youth-seniors, and seniors) to assess individual levels according to the training outline. Two groups decided they were ready for the second level and were tested by the staff, who had them demonstrate various competencies. One group was not ready (the senior-youth group).

Saturday 11: The behavioral data collection forms for home and school were explained to the para-counselors. The paras were shown their roles in helping the staff collect research data and in making observations. This started their research training. Phone contacts with the parents were role played and discussed. In the afternoon, Reality and Gestalt therapy were explained and tried in various situations. The large group divided and the SY group was tested for level II, and passed. Some shifts in people were made in these groups due to unresolved personality clashes, thus providing a more stable balance in the groups. A few seniors were having difficulty in accepting their peers, and in relating to the youth.

Thursday 16: The smaller groups met again. The youth who had been in and out of the program was not there and had missed the time before. His peer group decided to not allow him to return. No one expressed any hostility or blame, but everyone realized he simply could not make the necessary adjustment and personal growth. This helped the youth examine their own growth. The small groups were facilitated by the staff. The all senior group appeared to be the most risking and growth producing this day. The youth-senior group was still having difficulty. Today the youth in the youth-senior group refused to risk and the seniors did most of the reaching out. The all-youth group was functioning smoothly.

Saturday 18: The three separate groups met again and were facilitated by the staff. The communication-counseling levels were used to give feedback and to provide analysis of the group process during the day. Using the levels to help people become aware tended to help the process shift from mechanical interaction toward genuine facilitation, but people continued to slip back into past habits and resort to old techniques of debate and withdrawal. The discussions focused on the relationships and feelings with and toward others. People were being open about self and each other and consequent hassles were occuring. They were finally bringing these into the open.

Tuesday 21: A continuation of Saturday for most of the session, then the group came together to discuss the senior-youth small group problem which represented the senior-youth problem as a whole. The youth in general stated they did not want to work with the seniors when the children came, and preferred their own peers in the groups. This opened the senior fears and pain of rejection and a more in depth interaction occurred. The youth saw their own reasons as ego-centered; they wanted to remain with their peers because they were enjoying the sharing. The seniors understood this and explained they enjoyed their peers in general, but also enjoyed the company of the youth. In examining the differences in relation to the program needs rather than ego-needs, the youth were asked how they would respond to the incoming children. Most of them recognized that they were on level two, but they were still unable to shift at that moment. The youth enjoy sharing with their peers and less with other ages. The seniors enjoyed sharing with other ages and less with their peers.

Saturday 25: Training the last few days was scattered due to heavy snow conditions and fog. Phenomenological observations were explained and attempted by everyone. The para-counselors were asked to explain the training concepts to each other in preparation for the level III exam. The counseling methods thus far explored were reviewed. Case studies were completed this week.

Tuesday 28 & Thursday 30: The exam for level III was given. Six people passed this first exam, to a degree which the staff felt was adequate to demonstrate cognitive understanding and ability to apply the knowledge. Five more people were given a further exam by demonstrating "do"-abilities. The remaining para-counselors were to wait for two weeks and then be retested.

February 1 (Saturday): The three separate groups of youth, seniors, and seniors-youth were redesigned and two larger groups were formed, by equally mixing the youth and seniors (two youth-senior groups). This would be the design for meetings from now on, including the program activities milieus (A and B). At first the youth resisted the change, but after a lengthy discussion they admitted it would provide the children the best possible environment and resources. These groups met to discuss possible ways to start the counseling phase, the research which needed to be done, and how they would work together as a team. The day was extremely positive, with a task-oriented sharing. The six people who had been accepted on level III were assigned to help others in the weak spots.

Tuesday 4: The para-counselors organized their own training session, using their own resources to continue preparation for the level III exam, and to get the two groups functioning in a facilitative manner. The session went smoothly with everyone pitching in more willingly as the time for pairing drew nearer.

Thursday 6: Again the para-counselors organized their own training session, now also using the staff as resources. Many people were overly anxious about the exam, but the pressure also forced the few slower people to seek assistance and learn.

Saturday 8: The level III exam was given again to the counselors. All but three people passed (one youth and two seniors), and these three were put on probation, and scheduled for extra training during the counseling phases. Most of the para-counselors had been very anxious before and during the test and this was discussed. Many people had felt threatened by the exam and consequently had unloaded this anxiety. In general, it was decided a better means should be developed for determining an individual's level. The two milieu groups decided to spend all of the next week preparing for the incoming children and deciding how to make the initial contacts. They met on their own and gave the staff feedback concerning their plans.

Research

The increased resort to questionnaires substantially strengthened nomothetic data accumulation. Statistical gain from point to point (beginning to end or pre to post) could be measured more thoroughly. The questionnaires refined focal awareness.

To further elucidate subsidiary awareness, two other research methods were established: behavioral and phenomenological observations. With these observational methods, the continuous process of ideographic growth could be described and hopefully understood. Knowledge about the means of human development could be attained, complementing the point-to-point or beginning-to-end data.

The behavioral observation method designed for the "us" program was a modification of the social learning system being used by Gerald R. Patterson (1969, 1971). From an "us" staff visit to the Oregon Research Institute, University of Oregon, and numerous phone calls, a manual for making behavioral observations was developed (see Appendix). Basically, what this method sought to do was to randomly collect weekly behavioral data on each para-counselor and counselee (child). Specific positive and negative behaviors demonstrated by the observed person were tallied by the staff during two observation periods lasting two minutes each. In the para-counselor, behaviors such as verbal approval and physical affection were considered positive while verbal threats and physical punishment were considered negative. In the counselee, anti-social behaviors such as hitting or screaming were tallied as maladaptive and negative, while constructive participation and hugging were tallied as adaptive and positive.

These tallied behaviors, along with others (time on task, approach behaviors, and target behaviors), were to be mapped weekly to show individual frequency changes throughout the program period. This mapping would provide the staff an overview of the behavioral changes, and offer feedback reinforcement to the para-counselors and counselees. Correlated with the project journal, the different milieus and activities could be analyzed for effectiveness in increasing positive behaviors and decreasing the negative.

Six staff members were trained to be the principal behavioral observers; they learned to make specific observations and to code the counselor/counselee behaviors into quantifiably meaningful categories. The training was accomplished with the aid of video-taped examples of counselor-counselee behavior taken from the previous year, and from recently taped role playing. These tapes were played, the staff observed and tallied, and the results were compared and discussed to obtain inter-judge reliabilities.

The phenomenological observation method designed for the "us" program was a modification of the in-the-field observations being made by such people as Jane Van Lawick-Goodall (1972). Based on the concepts initiated by Edmund Husserl, this observational method sought to describe immediate experiences as they happened, attending to and grasping phenomena as they impinged on the senses, feelings, and perceptions of the observer. This method went beyond the limitations of counting specific behaviors and instead provided a cumulative record of process experiences. One example of such a record of process is the chronology of training or counseling events.

To provide a phenomenological process map, numerous observations of the children were made by the staff and counselors, and by the staff on the para-counselors. By accumulating these observations made by different people during the same day, and then mapping the daily synthesis, individual growth process could be researched.

Observation training was required for both the staff and the para-counselors. The journals had already helped in training, having provided practice in reporting personal experiences during project interactions. This ongoing journal writing had been slowly shaped toward phenomenological reporting by the continuous feedback and questioning given by the staff when the journals were read and returned. Examples of more detailed phenomenological and behavioral observations were given, discussed, compared, and tried. Both the staff and para-counselors observed group interaction and wrote "phenoms" (the "us" term for phenomenological observations). Phenoms on daily living activities were written by the para-counselors and discussed with the staff. And when the actual counseling began and phenoms were turned in, feedback was given to the observer.

Meanwhile another research method was being explored. A "process video-tape" was made by editing the Year 01 video-tapes taken during the training and counseling phases. The product was meaningful to the para-counselors who had been involved, but as a descriptive device for research purposes, it had fallen short. With more time and better editing equipment, this could have become a valuable descriptive method for project and individual process. Group and individual tapes could have been edited to give a unity to sequences, literally depicting the growth process and changes that occurred. It could have also been used to assist in future training, replaying the highlights of previous years and giving examples of behaviors that might be encountered, along with appropriate para-counselor actions.

Philosophy

During the training phase of Year 02, the third growth level was stabilized for most people. In general, belonging, normal facilitation, part-whole combination (focal and subsidiary awareness), peer and role identification, mutual trust, industry, impact, and social order were observed characteristics. There was of course some fluctuation, as in any growth, with occasional ego-needs fulfillment, distorted perceptions of reality, and demands for security. These were the level II fluctuations. Most promising, however, were the level IV fluctuations which had not occurred frequently before. These acted as further indicators that the third level had become fairly stabilized. The characteristics of a higher level normally do not appear with any frequency until the lower level needs remain fulfilled. Here, the characteristics of concern for individual rights and a code of ethics, synergy, world concern, self-esteem, and potent facilitation with emotional proximity were demonstrated.

The concern was whether this level could be maintained and shared when the children arrived.

Year 02: Counseling (February 15, 1975 to August 15, 1975)

Chronology of Events

Feb. 15: The first "A" milieu day was held at the "us" house.
16: The first "B" milieu day was held at the "us" house.
19: The first case conference with staff and para-counselors was held.
25: Pre-testing of the counselees started.
March 3: A youth para-counselor left the program to take another job.
4: Investigation into bio-feedback started as a possible alternative to be used by the "us" program.
18: Two new seniors joined the "us" program and a new on-the-job training process was started.
25: A senior left the program due to full-time job responsibility and conflict with required commitment to "us".
April 2: The staff attended a Krishnamurti lecture for training.
9: Two children quit the program under pressures at home.
14: The first all day outing was held on the Applegate River.
15: The NIDA representative for the program visited "us" for a day. The interim evaluation report was presented to "us" by the evaluators.
16: The program director attended a drug abuse prevention meeting in California.
22: Review Board meeting.
25: An "us" staff member was fired.
27: A senior counselor left the program due to the stress. The "us" family took swimming tests in preparation for the summer activities. Lessons were offered.
28: An examination-audit was started on the "us" bookkeeping records.
29: Family counseling was requested by a family and meetings were arranged.
May 3: A new senior joined the "us" family.
4: The first counselee "crisis challenge group" was held.
14: Ashland school board was presented a plan for implementing a peer counseling program in the schools. The plan was tabled for two weeks.
21: The "us" staff met with the Ashland principals and received their verbal support for the para-counseling program for the schools.
22: Review Board meeting.
28: The Ashland school board approved the para-counseling program.
29: The "us" staff rafted down the Rogue River in preparation for the program rafting.
30: Review Board meeting. Ashland schools informed "us" they were unable to start the para-counseling program.
31: Program rafting with two rafts. One raft ripped open. Previous safety precautions and training preparations prevented any injuries, but everyone felt fear.
June 9: The first all-day-everybody-trip was held (all counselees, counselors, and staff). A bus was chartered to visit the lava beds.

June	10:	Open house parent day for an updating on the program.
	13:	The first overnight outing took place in the Happy Camp area mountains.
July	15:	The second interim evaluation was presented.
	17:	The "us" audit was completed and accepted.
	27:	Review Board meeting.
	29:	A letter requesting a three month extension for research analysis and reporting was sent to NIDA.
Aug.	6:	Review Board meeting.
	13:	The last outing was held. Post-testing was completed.

Administration

During this counseling phase the administrative emphasis was on finding ways to continue the "us" project within the local community. The schools had been supportive of the "us" para-counseling design, and at that time, had appeared the most likely institution to be able to assimilate at least part of the idea. Both Phoenix and Ashland had expressed interest in doing so, and further contact was made by the "us" staff to help achieve these ends.

Meanwhile, local parents had heard about the program so meetings were held with them to explain the para-counseling concept and outline the positive benefits that could be achieved in the schools or at home. Almost every parent who gave feedback supported the para-professional design, especially in consideration of what was being offered in the schools. The elementary children did not have any counselors to help their growth process should development be blocked, and the higher grade levels had so few as to be incapable of handling the overall problem.

Special meetings were held between the "us" staff and school administrators, principals, and counselors. In the Phoenix schools, a class for training para-counselors, credit for students, and assistance from one or two school counselors was considered. In Ashland, a program for establishing the para-counseling concept was outlined. This was later verbally supported by the principals, and passed by the school board only to be cancelled the next day for lack of funding.

Prominent in almost all negative feedback about the program was the non-acceptance of para-professionals as effective advocates and counselors. Some teachers, counselors, and administrators continually expressed the concern that para-professionals did not have the appropriate "degrees" and "titles". Many people simply chose not to believe that a lay person, especially a youth or a senior, could effectively help children whom the institution could not help. Nor was there an openness to the possibility that para-professionals, given real responsibility (not token), could enhance that which already existed.

What was needed by the schools at this time, was further data and more understanding that would support the para-professional concept, and ease the transition. Based on the positive experiences that had occurred throughout this counseling phase, NIDA was told that the para-professional concept was working and could be proven. NIDA in return replied that this success in itself was justification for not granting further funds, in as much as the project had been a research model to test a hypothesis. In short, funds were not available.

This was the plight of many such programs, as noted by the program director in the special "prevention-convention" held in San Francisco during this period. Here, not only were NIDA people brought together to discuss drug abuse prevention, but also state and local representatives. Here, the immense gap in communication became evident, especially between the locals and federal agencies, as well as between the agencies of the states and the government. Local and state representatives expressed concern that prevention, as well as control of funding, should be undertaken by smaller communities. The federal representatives expressed the concern that a nationwide effort be coordinated (NIDA).

These participants represented programs or related people-centered agencies. Many had excellent projects which were being eliminated because funding was not available. Many argued because they cared and believed in what they were doing. This convention crystallized the realization that a thorough report was needed from the "us" family. Not just a brief summary, but a comprehensive statement that would explain in detail the positive alternatives potentially available, should values ever change and funding be appropriated to really do something about enhancing health and preventing abuse.

People

The para-counselors and staff designed the counseling efforts of the "us" family around three major theses: (1) para-professionals, with professional supervision and assistance, could help children who were having problems, (2) that a reality based process of interactions within actual circumstances could be used to provide both a learning environment and a therapeutic milieu without the need for pseudo-reality therapy groups, and (3) that prevention of drug and other abuses could be accomplished by focusing on positive individual and environmental growth rather than on problems.

The counseling environment was divided into two separate groups (A and B) with equal numbers of youth-seniors-and staff. These groups met during the winter and spring school months on Saturdays (A) and Sundays(B) at the "us" house and engaged in activities (crafts, skills, sports) with the children. Each para-counselor was paired with one or two children according to each child's needs as determined from the intake interviews conducted by the staff. During the week, the counselor made "outside contacts" (outside the "us" house) with the children, doing whatever the counselor and children decided to do. This design provided one day for group structure and interaction, and a day or more for one-to-one personal sharing.

In the summer months, a change in design was planned, with various outings being offered (see Appendix) in place of weekend activities. During these months, the two groups (A and B) functioned as whole units or as sub groups, depending on the interest in and the number that could be accommodated on each excursion. The outside contacts continued.

To provide supervision and staff support case conferences were held for three hours each Tuesday night. During these conferences, groups and individuals discussed the problems which had been encountered, and worked as a team to create solutions. Observations the staff made during the weekend activities were offered to the paras as feedback. To further the supervisory process, counselors and staff recorded their phenomenological observations of the children during any contact (outside or at the program), and these were discussed by the staff and the child's counselor. This material was considered confidential and was only available to the staff and the child's counselor. These weekly case conferences continued until the summer program began, then were held bi-weekly.

The environmental design was created so as to encourage a gradual shift in responsibility and location from the program staff and the "us" house as a center, toward use of the wider community and home environment and dyadic or triadic situational contexts. It allowed an important shift in choice and responsibility from the staff, to the para-counselor and the child. In this design, staff members acted as additional environmental resources for the counselor and child to share with.

Not all the para-counselors were able to make the necessary assumption of responsibility however, and within a few weeks, those who could not left the program. For personal reasons related to this responsibility transfer, or because of job opportunities, job demands, stress, poor health, or inability to follow through, three seniors and three youth eventually quit (one senior had left during training because of failing health and one youth was asked to leave). These departures were somewhat balanced by the addition of three seniors to the project during the first weeks of the counseling phase. With their recruitment, the project consisted of eight seniors, nine youths, six full-time staff, and thirty-one children. Within the time, resource, and energy limitations of a two-year research-counseling project, this was about the right size. Any fewer would have made statistical comparison difficult, and any more would have made emphasis on the individual impossible.

From the interaction among these people came the real learning experiences about how to help others. The paras had been trained to be flexible and open, able to change and grow. The children soon learned to follow suit. Out of the interactions of these processes several concepts came: (1) "blocking", rather than using punishment to stop negative behaviors. "Blocks" usually consisted of positive alternatives that were provided. (2) "natural consequences". Self-responsibility was learned by enjoying or suffering the natural consequences of a behavior; e.g. if a child did not cook, he did not eat. (3) "crisis-challenge group". This was a positive alternative to fighting or withdrawal from abuse, giving anyone the opportunity to call a group together (the group was required to have a staff member and a counselor at first, although later only a counselor was required as a facilitator), and challenge the person involved in the crisis. (4) "parent day contacts": meetings with the parents by the counselors or staff, or having the parents join the program during the activities. (5) "centeredness": teaching awareness and attention through activities requiring high risk and cooperation (e.g. karate, camping, hiking).

The project shifted toward giving more and more self-responsibility to the children. Past habitual problem behaviors were blocked and replaced by self-chosen positive behaviors, and better methods of dealing with crisis were learned. Communication was modeled and made always available. Sharing, rather than competition was taught, with intrinsic reinforcement being provided during moments of accomplishment which had demanded timing, awareness, and full attention. All of this required the child's desire to participate fully, as well as the support of the parents. As much as possible, what was being done was explained, rather than just done for "their own good" or "because someone said so". The children (and interested parents) understood and became involved in their project.

Winter-Spring Activities Process

February 15 & 16 (Saturday and Sunday): The first milieu days were held at the "us" house, and it snowed. Immediately problems with transportation arose. Some children arrived but their para-counselors did not, or vice versa. Once organized, the days went well, with a major emphasis on activity in the crafts (leather and pottery) and gym activities (basketball and gymnastics). The counselors did well on their first day, but a few still pulled back. The behavioral observations being made by the staff made a few people uneasy.

Tuesday 18: Case conference night with the staff and para-counselors. The large group discussed issues of gym use, equipment clean-up, and supply costs. The para-professionals were reminded of their responsibility to initiate activities and make decisions and to consider the staff only as resources. In individual milieu groups, the paras were given feedback from the observations made by the staff. The paras then gave feedback to the staff, requesting more organization in activities and workshops.

Saturday 23 & Sunday 24: The day-time activities held the interest of the children, with the counselors having to do little motivating, and thus able to share the child's process. Some games, such as basketball got too rough; this destroyed the interest of the smaller children and the girls. The youth paras were advised to model less competitive behaviors and more team effort (not to win, but to enjoy playing). The seniors who do not usually play have been asked to help by being referees rather than just passively watching.

Tuesday 25: Case conference. From para-counselor feedback, the increased organization of activities by the staff helped, and the children were beginning to make more complicated products. The paras were having difficulty with the pre-testing and home contacts with the parents. Two senior paras had an emotional outpouring. Apparently they had been seeing their paired children together outside the program activities and one felt she was making all the actual effort while the other held back. The open challenge helped others discuss this problem, and underlying tensions came to the surface with the more active paras helping to motivate the less active.

March 1 & 2 (Saturday and Sunday): Both days were oriented mostly toward physical activity. Some children were slightly injured on the trampoline and in tumbling. These injuries occurred toward the end of the day when people were tired and less aware. Karate was offered in the morning and the lesson was video-taped by children who were learning to use the video. The playback was a main attraction that helped give feedback. The concept of attention-awareness was introduced in karate.

Tuesday 4: Case conference. Everyone decided to further organize the weekend activiites. Specific workshops were to be offered, with the children selecting those they wished to attend. The counselors were to attend one workshop weekly and teach one. The different milieus outlined their own activity days. A youth left the program to work elsewhere and the responsibility to the children was discussed. Continued changing of counselors could be taken as rejection by the counselees.

Saturday 8 & Sunday 9: The Saturday "A" group (children and counselors) seemed to be more withdrawn and less energetic than the Sunday "B" group. The "A" milieu atmosphere seemed more like a school than did "B". There was organization, but a lack of closeness. The Sunday group on the other hand was more sporadic and chaotic with borderline attention and uncontrolled energy. The "B" milieu people tended to touch more than the "A" group people, sharing body communication only. In karate, to help the children learn "attention" (awareness and concentration), time-out (T.O.) was explained and used. When the child was not attentive he was asked to reat and observe for a few minutes and rejoin the class when he felt ready. The children understood the importance of this, especially as it related to karate.

Tuesday 11: Case conference. Everyone suggested ideas to provide more energy to the A-group and more attention in the B-group. On the weekend mornings now, the children, staff, and paras sit in a circle to discuss the day, how everyone feels, what people want to do, and whatever else may come up. This will be the morning "center-meeting" helping people become "centered" and aware. The spots will focus more on cooperation than competition, and concepts such as attention will be reinforced. A new method for choosing teams was sought, rather than picking leaders and having them pick from the line-up, which always left the less capable ones (already with a low self-image) until last. The family contact was discussed, with concern by many paras about "problem parents". The paras decided they would: (1) remain open and listening with the parent, but not counsel, (2) help the children become more aware and understanding of the family, and more able to cope, (3) keep confidentiality and trust with the child, (4) actualize the positive potentials, helping the child grow beyond the problem, (5) help the child make a choice toward health, (6) help the child get rid of guilt and blame unduly placed on him, and (7) continue finding out and focusing on what the child needed, felt, or thought.

Saturday 15 & Sunday 16: A highlight for the weekend was role-playing and video-taping. The children spontaneously created plays and acted them out before the camera, then sat intensely interested as they watched themselves on video-TV-replay. A fight broke out between two males, both of whom were asked to sit down with their counselors and staff to discuss the problem. They did and resolved the conflict openly, going back to crafts without any further trouble from then on. Two new seniors joined the program, and began on-the-job training with close supervision.

April 1 (Tuesday): Case conference. After the vacation the total group appeared more relaxed and ready for the meeting. The B-milieu counselors pulled well together as a team, but the A-milieu was still struggling. The group made plans for the NIDA representative's visit in two weeks. They hoped to have a special program day with the children to give an example of what happens.

Saturday 5 & Sunday 6: The Saturday group session was totally hectic, with para-counselors late, leaving early, and staff absent. Sunday was much more positive. This weekend started the first hot lunches for the children (at morning meetings the staff was told that many children had not eaten breakfast before coming to "us" and were hungry most of the day). The paras and children pitched in to cook, and the males did the clean-up. This opened quite a few complaints by the male children, but the modeling by adult males eased the transcendence of stereotyped sex roles. Activities in the gym, such as trampoline, were helping teach teamwork. Earlier, the children would jump on the trampoline and leave; now they were learning to stay and help spot, preventing injuries and showing concern. Small groups held when problems occurred were working exceptionally well. Beadwork was introduced today very successfully.

Saturday 12 & Sunday 13: This weekend the weather cleared and warmed, so the program decided to go to the Applegate River to a park. The children in the morning group were now making decisions as to what they wanted to do for the day. If what they wanted could be done, "us" tried it. At the park, people played baseball and football, jogged, waded, picnicked, chased about, wrestled, and just talked. An exciting moment happened Sunday during baseball. One team had been ahead, but then the other caught up and passed ahead. It was decided to try to hit the balls so that the other team could get three outs and a tie game would result. They were more concerned with positive sharing and teamwork than with winning. On both days, riding home in the vans, a "crisis-challenge group" was called, with the children solving their own problems and counselors acting as facilitators.

Tuesday 15: The program created a special day for the NIDA representative, the children leaving school early to come to the "us" house. Everyone was excited and the energy was high. The expectations were high especially among the counselors, who had hoped to somehow show in a very brief time span what they had been working so hard toward. The meeting was cordial and social, but superficial. And when the day was over, many people felt confused, including the children. How does a project like "us" demonstrate process wholeness in a few brief moments?

Saturday 19 & Sunday 20: The Saturday group stayed at the "us" house for crafts and gym activities. This group was fairly scattered for most of the day, with outbursts from a smaller group of male children who had banded together and become disruptive. From observation, their counselors have pulled back and these four children have responded accordingly. Sunday milieu was more positive, with a lengthy morning group discussion about school and about with they wanted to do. The children chose to go to the Rogue River, to a park, and everyone did.

A para-counselor male was injured, cutting his leg on a cement block. For the rest of the day, everyone pitched in to help him when they went places.

Tuesday 22: Case conference. The large group discussed the NIDA visit and vented their frustrations, realizing eventually that hopes had been too high. They explored alternatives to the milieu days, suggesting a free time be given for the kids, where nothing was offered and everyone just interacted with each other. The male group on Saturdays was examined, and the counselors were challenged on their roles. This led to a disclosure by every para-counselor about how they felt they were doing, how the children were doing, and what assistance was needed from others. The paras designed some team approaches to helping each other. It was decided to give the children more responsibility in reaching out and helping others. The children were observing the counselor-models and trying to be para-counselors too. Many children had asked if they could be paras when they were older. The "barrier" concept was discussed as learning to block a child's negative habitual behaviors but not punish, while also reinforcing positive alternatives.

April 26 & 27 (Saturday and Sunday): Both days were filled with crisis-challenge groups. Children called one group together to challenge their counselor, and another group was called by a counselor to solve a counselor-counselee problem. Swimming lessons and a test were given at the S.O.S.C. pool to prepare for further outings. Some children were beginning to teach others how to use the equipment, crafts, and so on. They had discovered the advocacy spirit and wanted to identify with the counselors. Not all was rosy, however, with one youth para-counselor breaking into tears because his child would not respond to reaching out. It sometimes hurt when a person tries to help others.

Tuesday 29: Case conference. More family counseling has been requested and the staff has made appointments. The paras again talked about the problems they were having, their frustrations, and sought solutions. The paras were becoming more capable of resolving their own problems by helping each other.

May 3 & 4 (Saturday and Sunday): It rained. The "us" family went to the park for a wet May Festival and became involved in activities such as styrofoam sword fighting, playing with a parachute, and running freely. The Sunday morning group was superb, with an hour long rap session about dreams and psychic phenomena. A large crisis-challenge group was called in the afternoon by the children. A few males had bullied others and the other children challenged this behavior. When it was over, the bully-boys had apologized and many hidden self-feelings about being inferior and unliked had been expressed. The interaction and play most of the following week was mellow and positive.

Saturday 10 & Sunday 11: Mother's Day weekend went exceptionally smoothly, with high points around lunch-time activities where the children and counselors worked together to prepare special meals and share in the clean-up. Everyone went swimming again at the S.O.S.C. pool. The life-guard mentioned that the children seemed so much less trouble than other groups--good feedback for the "us" family. People showed they were glad to be with each other.

Tuesday 6 & 13: Case conferences. Mostly sharing the good vibes evident during the weekends. The paras were feeling reinforced for their efforts. Staff intervention was requested in some situations, for example: (1) a parent who kept grounding the child for extremely petty reasons, (2) a special behavior contract to modify a child's aggressive actions, (3) a parent who did not like the child's counselor because the counselor was considered socially inferior in status, (4) a child who might have dyslexia, and (5) a counselee clique which needed to be broken up.

May 17 & 18: Saturday milieu went to Jacksonville (an old mining town), walked around town, and then to the cemetary to make tombstone rubbings and walk among the ancient grave markers. In the afternoon this group went to the YMCA to swim while the staff had a refresher course on first aid. The Sunday milieu went to a gold mine and panned for gold, ran in the fields, and enjoyed a warm sunny day. People were starting to talk together more and many expressed their fantasies; they wanted to build an alternative school in the country where everyone could learn together.

Summer Activities Process

Saturday 31 & Sunday June 1: This weekend started the summer activities with rafting down the Rogue River. Seniors-youth-children-staff all in rafts with life jackets and safety instructions for emergencies. On Saturday one raft ripped open, everyone was cast into the river. Everyone on the raft was in danger, everyone knew it, and almost everyone pitched in to take charge of the situation. Only two children (out of the eight people) panicked, and they too calmed as others helped them. After the initial shock, teamwork and beautiful sharing occurred, helping to bring the group safely through two sets of rapids, and eventually to the river bank. When it was over, these eight felt a sense of disbelief, fear, shock, and accomplishment. They had really worked together, all ages, in a real-life challenge. The Sunday group heard about the Saturday accident and wanted to experience the same. To their regret, they had an uneventful but fun-filled day riding down the river and swimming afterwards. For those who did not raft, a fishing trip and motor tour were undertaken.

June 9: The whole program (milieu A and B) chartered a bus and rode 300 miles round trip to visit the lava beds and ice caves and see where the Modoc Indians had made their last stronghold. The ride on the bus was total pandemonium. The mixed milieus generated tremendous friction and acting out. The para-counselors became involved in their own enjoyment and ignored the children. The bus ride made people sick. When the "us" family arrived, everyone was happy to be in the open again. Small groups of counselors and counselees went their own ways to explore the caves. No one was lost, few wanted to go home, especially on the bus, which was again a scene of chaos.

June 10: Case conference special meeting to discuss the lava beds trip and failure of the para-counselors to be responsible on the bus. Direct and explicit feedback was given and a basic encounter ensued which emphasized the importance of the para-counselors (mostly the youth) remaining responsible as counselors. This was stressed because the summer program was filled with high risk activities that would require awareness and attention to prevent injury. Parent night later, with an open-house updating of the program for them.

June 11: Flying over the valley was offered to the children and counselors. Each flight lasted ½ hour with three people going at once (a counselor and his or her two children). This activity would be offered again until everyone had been up. Flying consisted of seeing their own homes from the air and experiencing small plane manuevers.

June 13 & 14: The B-milieu went camping for two days and a night in the Happy Camp area mountains. On the way, all the males were put in a van for a discussion about sex and boy-girl relationships. Everyone shared in cooking or clean-up; most visited the ranger station at night to sing and play guitars, and everyone slept in groups at night around the campsite. The days were spent exploring, jogging, swimming, and hiking into a lake area. A challenge group was called the second day because three male children had started acting out, and two female children were playing sexual-manipulative-games. These behaviors were discussed openly and then follow-up positive sharing was initiated.

June 16 & 17: The A-milieu went camping at Howard Prairie Lake. It was a semi-crowded area and rather chilly. People mostly fished and canoed. The children were scattered in behavior, and camp cooking and clean-up presented problems. The seniors especially, did a great job in pulling the group together. The youth paras contributed by designing an eight mile walk for the more ambitious. The second morning, everyone awoke to falling snow and freezing weather. Hurried packing began, with some children (one especially) not being able to handle self-responsibility. "Barrier counseling" was used extensively to force these children to stop habituated negative actions and select more responsible behaviors. The whole group challenged one child who refused to do his own packing. Everyone simply waited in the cars until he did it.

June 20: Everyone was invited to Table Rock mountain where lunch was eaten and the children rode on a motorcycle. The motorcycle broke down and people again pitched in to solve the problem, bringing teamwork importance back into focus. Later everyone went swimming.

June 23 to 27: Twelve people (2 staff, 4 youth counselors, and 6 children) went on a five-day, forty-mile hike along the Rogue River Trail. The opportunities for sharing and growing were abundant, creating an overwhelming team spirit when completed. For the first two days, it rained, and everyone suffered in wet clothes and from low energy. Pitching in, the people erected makeshift shelters and made it through the night. By the second day, many wanted to quit. The only problem was that there just was not any way to go except forward where the pick-up vehicle would be meeting "us". Through asthma attacks induced by psychological stress, grumbling, crying, and eventually giving in to the experience, the twelve people hiked on. An old mining shack was found, the weather cleared, and so did the poor moods. Blisters, bathing in cold streams, and emotional outbursts all combined with beautiful scenery, long talks, and helping others through the rough spots. The children learned to cook their own meals, do their own chores, and carry their own weight. When it was over, another dozen "us" family people met this tired but centered dozen.

June 30 to July 2 and July 7 to 9: Two coast trips were taken, the first for A-milieu, then the B-milieu. The A-milieu staff used extensive "crisis-challenging" and "block" counseling to help pull this group together. Some good progress was made, but this milieu still needed extra effort before higher level sharing could occur. The B-milieu group reached a synergistic sharing level, producing a "peak-high" for almost everyone present. The chores were willingly shared, late night bonfires and long talks, and an emergency in another camp in which the "us" family aided, all pulled this milieu closer together. The B-milieu trips were providing less work and more sharing for everyone.

July 11: Lake of the Woods trip. Lots of touching and walking together. No hassles.

July 17: The weather was perfect and the "us" family was invited for a special ranch visit to paint, sketch, and swim. The team effort appeared again as everyone joined in to build a dam to deepen the borrowed swimming hole. A few hassles developed but the counselors handled them smoothly.

July 22 to 24: Another hiking trip was provided for those who could not make the rougher Rogue River Trail. The weather was perfect and the lake areas were uncrowded except for "us" and millions of mosquitos. The counselors and children were divided into four groups of five people to learn how to do everything on their own, including eating what they cooked. Some hassling developed and these smaller groups were forced to deal with them for the most part. The staff intervened with two children who had a more serious difficulty in learning responsibility, using natural consequences and blockage on negative behaviors. A five-mile hike and a return run, swimming, exploring, and campfire stories kept people active. The group discussed the "us" project one night, and the children helped clarify to each other exactly what this program was trying to do (help everyone develop in healthy, self-chosen ways). A few encounters were dealt with on responsibility, such as learning to not litter and to clean-up. One child developed a cramp while swimming, and again a team effort was spontaneously created to help rescue the troubled person. A tremendous amount of physical closeness occurred, as people were warmly relaxed together.

July 28: The "us" family spent the day swimming in the Smith Riv[illegible] The water was clear and cool. Some swam, others did craft work on the shore. It was a little difficult for the seniors to hike the steep trail to the river, but they did so, and everyone understood their special loving effort.

August 4 to 5 and 7 to 8: The coast trip was divided, one group going to a special beach where everyone had to rope climb down and up. The others shared a more quiet beach area with comforts of a camping site. Both groups enjoyed the trip, but the more physical group pulled together extremely well as people worked together to reach the beach. Later, huge bonfires, wrestling, games, and swimming, kept people active. Long walks and quiet talks between counselors and counselees were more evident, especially as the summer--and the project--were ending. The children continued asking if there would be a program next year, and if they could ever be counselors.

August 11: A swimming day as the summer end drew near.

August 13 to 15: This was the last summer outing, with everyone from the "us" family going to the Katydid Retreat. At first it was chaotic, with acting out, especially because this trip was the last one, and because post-testing was being done. This increased everybody's frustrations. Here the para-counselors performed the best ever, especially the seniors, pulling the large mass of people into a cohesive family again. After testing, side trips for fishing, swimming, and hiking were planned. A special boy-girl group was held with 12 children who wanted to learn how to relate better with their opposite-sex peers. Small groups of people were everywhere, sharing in positive ways, the last few days. There was an extremely high mood throughout the trip, but a sadness that brought tears, especially when the last day arrived.

Research

The amount of research and testing undertaken by this second year required the cooperation of parents, counselors, and children. Pre-testing took two weeks to complete. Both parents and the para-counselors were required to assist the children in the testing, add to do testing of their own. The staff coordinated the effort, making motivation contacts or explaining numerous perplexing points. Home and school contacts were established at the same time, which produced later feedback from the parents and teachers concerning their observations of the child. The behavioral and phenomenological observations were started. And all this had to be done in a way that did not alienate the child.

The motivational level for the parents and children remained high during the pre-testing because the project acted as a reward. For the post-testing this was no longer the case, so the special three day outing was planned. This allowed the children to be tested in groups and individually, and left time for activities to break the monotony and restore energy.

The raw data collected was immense, and a minimum staff was left to do the sorting, compiling, and analysis. At first it appeared that only one month would be given by NIDA to do it all; but after receiving letters of explanation from the Review Board, the RVCA Board, and the Executive Director, NIDA finally agreed to allow an extension of time. This data is presented in the "research" chapter.

Philosophy

The "us" family had reached and maintained a level three during training phase. It was hoped that this level could be maintained during the counseling phase, bringing the children to understand this level also. From all indication, this was done. In fact, the extended program family at times appeared to be operating on the fourth level. Social order was established, and many people consistently affirmed the rights of individuals. Identification and awareness increased. Successful impact and synergy happened, as did industry, mutual trust, sexual identity, world concern, and ego transcendence. Planning and rational thinking combined to provide solutions and alternatives. Love, belonging, and self-esteem increased. People communicated voluntarily, openly, and from the "heart", with emotional proximity.

As far as the process and synthesis chart could determine, a healthy environment had been provided for the children to grow within. Compared to the first year, tremendous gains had been made, within the individual parts (people) and the whole (project process). This would be confirmed or disputed according to the final research findings.

Chapter 5

RESEARCH

The overall objective of the "us" project was to create and research a para-professional counseling model that might be used as an alternative in preventing drug abuse. Research of the literature on prediction and on the use of para-professionals, implied this objective might be feasible. The credibility of this implication did, however, depend on selecting positive predictive indices that would, in fact, provide assurance that continued or renewed healthy development of a given individual was possible. The predictors of healthy adulthood were defined as: a normal or high I.Q., peer-teacher acceptance, attention, moral development, control of anti-social behavior, a positive self-concept, and a higher level of socioeconomic status and cultural richness. If the child demonstrated these characteristics his chances of continuing to remain healthy were excellent.

If on the other hand, these characteristics were not present in the child, especially during high stress transition periods, blocked development could result. Any corresponding increase in anti-social behaviors and under-achievement would support an adverse prediction. Whether the child would consequently become a drug addict, criminal, or manifest other contra-survival behavior depended mostly on later development. If the child, with assistance from others, or of his own volition, made the necessary growth transition, his chances of remaining healthy were excellent. If the transition was not made, then later problems might follow, although this was still not wholly predictable.

To research the "us" project, it was first necessary to select children who to some degree had demonstrated blocked development, provide them with a model alternative, and thedetermine whether healthy growth characteristics reappeared. If development in these children resumed, the program process could be considered a possible alternative for enhancing normal growth and consequently preventing drug abuse. An ultimate conclusion could only be derived through further, longitudinal, follow-up research within a more experimentally controlled design. If the two-year project proved adequate, the data would justify further support for the model and research of its potential.

The "us" Children

The first questions to examine are those concerning the children. The children remained the major thrust for the total program. Their growth was the initial reason and the potential justification for what the project was. They were selected because they needed alternatives not currently available to them and because they were willing to put forth an effort. They suffered through pre and post testing, underwent observations and endless questioning. They risked by being involved in an experimental program, reached out willingly, and helped create the "us" family.

Who the Children Were (Case Study Data)

Thirty-one children were "researched" by the project during the second year. Another ten children were involved in the second year program, but due to their short stays, late arrivals, or early departures, they were not researched. Of the thirty-one children researched, nine were females and twenty-two were males. Their ages ranged from ten to fifteen, with a mean of 11.5 years. Sixteen children lived with both their mothers and fathers, one with grandparents, one with foster parents, two with a mother and friend, and eleven with only one parent (due to divorce or death). The average number of siblings was 2.5. All but three were from small towns or the country. All were Caucasians. Two-thirds were from Catholic, Protestant, or Mormon families, with less than half attending church.

The parents of these children were nearly all skilled or white collar workers. A few were semi-skilled. A small portion were unemployed or on welfare. One-fourth had college degrees. The mother was most often viewed as the strongest in the family (usually providing a part-time income and being a housewife), while the father was typically considered the seldom-home provider (less than half helped with the housework). Nine children had outside jobs, five received an allowance, and the rest received money when it was needed and available.

Most families were perceived as caring, with frequent hugging and touching between parent and child. The most memorable experiences remembered by these children were usually trips taken with the family or being with father, both of which were too infrequent. Most children especially expressed a deep need to do more with their fathers. Half of them stated that their families did talk together, usually around the dinner table. They talked about education, vacations, or money; but only seven children said that their families made it an important point to gather together to share in discussion.

In school, half of these children felt they were average, others felt equally distributed around the norm. Fewer than half enjoyed school. The sciences and humanities were the favorite subjects, while English and social studies were the least favored. The children were nearly unanimous in feeling that teachers constituted the single feature of school that needed most to change. Disliked teachers were usually seen as nagging, inconsistent, non-trusting, and too strict. They often yelled, were authoritarian, and played favorites. These teachers tended to use the normal curve grading system and reinforced individual competition. When asked to describe their favorite teacher, four children said they did not like anyone of them that much. The rest averred the most important qualities were understanding and patience. When punished in school (only seven had never been punished), a spanking by the principal was typical.

Nine children reported that their parents belonged to the PTA or other school activity. Almost every parent took an active interest in the child's schoolwork, and most reinforced good grades with positive gestures or money. If the child received bad grades, only five parents were considered to be understanding. Bad grades were viewed by the children as proof of stupidity and inferiority. Two-thirds had received bad grades. Few children were forced to study, most did so on their own.

Half of these children had been given some form of sex education, but few had been given special instruction on meeting or relating to their peers. Eighteen children had enough friends, and they felt that if they wanted, they could participate in most school activities. Their most common concern was that too little peer interaction and communication was provided in school.

Physically, eighteen children liked their bodies; the rest did not. In general, their health was good, with a few children overweight, having allergies, or a bad kidney. Five children were considered by their teachers and parents to be hyperactive (none of the children felt this was a problem). Three children still had bed-wetting problems.

Happiness to these children was being with friends. All but one child had a close friend, liked mostly because he or she was "similar", "nice", "fun", and "sharing". Most boys did not hug or touch their friends affectionately, but the girls did. When asked how their friends would describe them, they answered, "a nice person", "happy", "a klutz", "fat", "mellow", and "funny".

These children defined themselves variously as loners, followers, and occasionally leaders. When their feelings were hurt by someone, they characteristically walked away, got mad, pouted, and occasionally fought back or cried. If upset at home, they retired to their rooms or went bike riding. Half had been told it was unmanly for boys to cry.

When they grew up, they wanted to be rich first, and then helpful to others. To become wealthy they would be pilots, doctors, truck drivers, police, heavy construction workers, artists, musicians, astronauts, photographers, teachers, engineers, lawyers, writers, and millworkers. Three-fifths wanted to be like their fathers, one-fourth like their mothers. Five years from now they hoped to be in school, overseas, and travelling in this country. Ten years from now, they would hopefully be married, working, or in college. The boys looked forward to marriage and family more than the girls. In dreams these children frequently were frightened by falling. In fantasy they dreamed of magic, fun, sex, money, and good things to come.

From the observations made by the counselors, most of these children used a positive approach in relating to others. though a third were noticeably negative and anti-social. A few were shy and afraid. Every child but one seemed to distinguish between what was socially right and wrong. Inability to maintain attention was evident in half, except when interest developed later, and this improved. Most children were at first especially nervous about discussing family matters, sex, and personal problems, but appeared relieved and then eager to do so when a relationship with a para-counselor became more positive.

The "us" Children In School and Home

Of the 191 children in the 5th and 6th grades who wanted to join the "us" project, forty could be selected. The teachers in each class were able therefore to recommend only those children whom they felt might benefit most (the children who had demonstrated behaviors which indicated blocked development). Not all the children recommended by the teachers were taken, but priority was given to selecting from among them. Some of the children who needed help the most simply were unable to join because their parents would not give consent. Parental consent was the second selection criterion, with the understanding that the project was a counseling endeavor focusing on enhancing the healthy development of their child. Most parents readily supported the belief that their child was having difficulties, and the parents were seeking help. Some parents perceived no problems, and even to the end of the project, never acknowledged that their child had any difficulties. For those parents whose children were healthy (a few children were allowed in the program who were considered the typically healthy child), this was understandable; for those parents whose children had difficulties (some fairly serious), this denial often made the problems more severe and the return to health harder.

A Walker Problem Behavior Identification Checklist (WPBIC) was completed by the teachers of fifteen randomly selected children who had been accepted in the "us" project. By this time, the teachers had been in class contact with the children for approximately six months and were considered qualified raters of the children's behaviors. The WPBIC is a fifty-statement checklist which describes problem behaviors such as having few friends, hypercriticality of self, overactivity, hysteria, fatigue, contention, nervous tic, stealing, and physical aggression. If the teacher has observed the specific problem behavior, he or she is asked to circle a number to the right of the statement. If not, no mark is to be made. These circled numbers are then tallied along five scales: (1) acting out, (2) withdrawal, (3) distractability, (4) disturbed peer relations, and (5) immaturity. The scores are then combined for a total score on each child. The test is extremely easy to complete, has a split half reliability coefficient of .98 (indicating a 97% true score variance), and has demonstrated criterion, factorial, item, and contrasted group validity. The test has been standardized on grades 4, 5, and 6.

A T-score of 60, which is the equivalent of one standard deviation above the mean, was established by Dr. Walker as the point for separating disturbed from nondisturbed children. According to the test booklet, any child receiving a raw score of 21 or above should be referred for further evaluation. Each separate scale is also divided at this T-score level. The following results were obtained by the WPBIC scoring on the fifteen "us" children.

Table 1

Walker Problem Behavior Identification Checklist Results on Fifteen Randomly Selected "us" Children

Scale	"us" Mean	T-60	S.D.	Range
Acting Out	8.33	7.5	7.82	0-21
Withdrawal	1.60	5.0	3.11	0-10
Distractability	7.13	6.0	2.82	0-12
Disturbed Peer Relations	3.26	3.0	3.41	0-9
Immaturity	2.46	2.4	2.38	0-6
Total	23.4	21	9.89	4-35

Of the fifteen children tested, seven (46.7%) were reported as having problems in acting out (T-60 or above on that scale), two (13.3%) for withdrawal, twelve (80%) were easily distracted, nine (60%) had disturbed peer relations, seven (46.7%) were immature, and ten (66.7%) had total scores of 21 or more. As a random representation of the "us" children, this data gave a clear indication that the children selected were demonstrating behaviors which indicated blocked development.

A Normative Study Questionnaire (NSQ) was completed by 344 5th and 6th graders in the Ashland schools, and by 25 "us" children. This questionnaire was designed by the project researcher to examine five areas: (1) self concept,

(2) stated problems, (3) drug use, (4) drug availability, and (5) drug knowledge. This 34 statement questionnaire required a simple yes/no response by the subjects and was quick and easy to administer. The self-concept scale was compared with the results from the Piers-Harris Children's Self Concept Scale (discussed later) and Pearson-Product-Moment correlation coefficients of .82 and .78 were obtained.

In comparing the "us" children pre-test responses to the 5th and 6th grade norm for the Ashland schools, the "us" children reported significantly ($P<.05$) more problems and drug usage, a significantly lower self-concept, more availability (non-significant, $P<.20$) and the same amount of drug knowledge (see Table 2). Using a chi-squared analysis on the answers for each question, a significant difference was found between the "us" children and the total population in the areas of marijuana use, having been drunk, and having had problems in school. Compared to the population norms, the "us" children also reported fewer parents living at home, more family problems, fewer friends, being a less important member in class, being less well behaved in school, and having smoked cigarettes and drunk coffee more often (see Appendix for NSQ comparisons on each question).

The "us" Children--Pre/Post Data

Normative Study Questionnaire

The Normative Study Questionnaire was administered again at the mid-point of the project and at the termination. Both the "us" children and a sample (110 children) from the Ashland 5th and 6th grades took the mid-test; the final post test was given to the "us" children only. The sample 5th and 6th grader scores were compared during the pre and mid tests with the total population scores, and no significant differences were found. This sample group acted as a normative group for comparison with the "us" experimental group.

The mid-test comparisons between the "us" children and normative sample group again showed significantly ($P<.05$) higher drug usage by the "us" children, and a significantly lower self-image. Drug availability and knowledge for both groups had increased, with availability still being higher for the "us" children, and knowledge remaining equal. Problems for both groups decreased, the "us" children no longer reporting a significant difference in this category. Analysis of mid-test responses by the "us" children, indicated that this drop in problems pertained chiefly to school.

Table 2

Normative Study Questionnaire Pre/Post Comparisons on the "us" Children and 5th and 6th Grade Sample/Population

Scale		"us" Mean	Sample Mean	t	df	∝
Problems:	Pre	2.28*	2.55	2.53	367	<.05
	Post	1.89*	2.64	3.73	133	<.01
Self-Concept:	Pre	7.44	8.54	2.93	367	<.05
	Post	7.88	8.50	1.30	133	--
Use:	Pre	1.80	1.18	2.34	367	<.05
	Post	2.12	1.17	3.07	133	<.05
Availability:	Pre	2.0	1.62	1.27	367	--
	Post	2.84	1.8	3.0	133	<.01
Knowledge:	Pre	2.44	2.44	--	367	--
	Post	2.94	2.89	--	133	--

In the post test comparisons, the "us" children scored significantly higher in drug usage and drug availability. Problems for the "us" children with their friends increased, and a significantly higher total score on problems was again noted. The "us" children's self-concept scores had increased, and there was now no significant difference between them and the population, although the "us" children scores still remained lower. Drug knowledge remained the same.

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* A lower mean represents more problems.

In comparing the change in NSQ pre/post scores for the "us" children, a significant increase in drug availability was noted, with non-significant increases in problems (with friendships mostly), drug usage, drug knowledge, and self-concept (Table 3). Analyzing the individual NSQ questions, the "us" children reported an increase in best friends smoking cigarettes, the possibility that they might smoke, people their age who they knew had tried marijuana, having tried marijuana themselves, taking drugs on doctor's orders, people they knew who took speed, and liking the way they were.

Table 3

Normative Study Questionnaire "us" Children Pre/Post Results

Scale	Pre-Mean	Post-Mean	t	df	α
Problems	2.28*	1.88*	.59	24	--
Self-Concept	7.44	7.88	1.26	24	--
Use	1.80	2.12	1.11	24	--
Availability	2.0	2.84	2.4	24	<.05
Knowledge	2.44	2.84	1.63	24	--

In sorting the NSQ data, the population responses concerning problems, self-concept, drug use, knowledge, and availability were analyzed. It was found: (1) girls reported significantly more problems than did boys, (2) 6th grade girls reported significantly more problems than 5th grade girls, (3) boys reported significantly more availability of drugs than did girls, (4) 6th grade boys reported significantly more availability than 5th grade boys, (5) boys reported significantly more drug use than did girls, and (6) drug use responses correlated more with drug availability ($r=.41$) than with problems ($r= .25$), self-concept ($r=-.02$), knowledge ($r=.00$).

In using this population data to interpret pre/post results, an increase in drug usage should be expected as children move toward the higher grade levels. The same applies for problems or recognition and statement of problems. Quite possibly the "us" children show early significant differences in these areas because they had been exposed to the factors earlier than the other children. The "us" children indicated a steady increase in drug availability, which proved to be the major factor found in drug use during this age. Their friends increased in drug use, making availability and peer pressure more prominent. The "us" children stated they had tried marijuana more frequently since pre-testing, and were considering cigarettes.

There were two factors operating in their favor. The "us" children had increased in self-concept, especially in the way they liked who they were, and they were "dealing" or recognizing their problems, especially in their friendships. Quite possibly, due to the contact with their para-counselors and the project, they were beginning to question past friendships that appeare to be a major source of increasing drug availability. With an increasingly positive self-concept and development of different peer relationships in school (which seemed probable, since problems in school decreased during the mid-test), the "us" children could prevent drug use from becoming drug abuse by continuing healthy self-development and further increasing positive peer relationships.

Piers-Harris Children's Self Concept Scale

The change in self-concept recorded by the Normative Study Questionnaire was compared to the pre/post test results obtained from the Piers-Harris Children's Self Concept Scale (Piers-Harris). This test is a self-report instrument designed for children with at least a third grade reading level. Eighty questions are answered yes/no and completion time is 15 to 20 minutes. Scoring and administration can be done by any responsible, educated, non-psychologist, though interpretation should be left to psychologists or similarly trained persons. In individual cases, the test should be used as part of a larger battery of tests. Individual changes of less than 10 points in scores should be ignored; group retest changes of 5 points are common.

To counteract the normal fluctuations in the Piers-Harris, the NSQ had been designed to collect similar data on the 5th and 6th grade population, providing measurement of normal self-concept within the Ashland schools. As noted earlier, correlations for the twelve NSQ self-concept questions to the Piers-Harris were .82 and .78. The Ashland population scores between the two NSQ pre/mid tests given varied from an 8.54 mean to an 8.5 mean for the twelve questions. The normative population scores during retesting had remained fairly stable, indicating that their retest scores on the Piers-Harris would have remained fairly stable.

Table 4

Piers-Harris Children's Self Concept Scale Comparison
of Pre/Post "us" Children Scores

Group	Pre-Mean	Post-Mean	t	df	α
Senior	48.69	56.07	2.4	12	<.05
Youth	50.66	50.0	.17	11	--
All	49.64	53.16	1.4	24	--

The Piers-Harris pre/post test results for the "us" children were analyzed by categories of those children paired with seniors, those paired with youths, and all "us" children combined. There was a significant increase in the self-concept scores of those children paired with seniors, a slight negative change in the self-concept scores for those children paired with youths, and an overall non-significant increase for all "us" children combined.

In individual total scores, five children paired with senior counselors made increases over ten points, and one child paired with a youth did so. At the same time, two children paired with youths made decreases over ten points (both paired with the same counselor). In total, six children out of the twenty-five tested (28%) scored high enough self-concept changes to be considered significant. These six increases accounted for a major portion (non-significant) in the Piers-Harris group mean and in the NSQ mean, bringing the "us" children mean closer to the school population mean in positive self-concept (no longer significantly lower).

Referral Behaviors Checklist

For some children, improved self-concept may require a long-term effort to create significant changes that would appear on test scores such as the Piers-Harris. For many children, the first requirement is in changing behavior and receiving help in interacting with significant others in a more positive fashion. From this change in behavior, an eventual change in self-concept can later develop.

The Walker Problem Behavior Identification Checklist had been used in the schools shortly after the program started, but had not arrived early enough to be employed in the pre-test battery. Another project-designed test had been given to the parents, teachers, and para-counselors to be completed for each child in the "us" family. This was the Referral Behaviors Checklist which has a correlation coefficient of .40 with the WPBIC (see Appendix). This checklist lists 41 behaviors that reflect problems sometimes seen in the child at home, school, or at the "us" house. It is a slightly modified version of a diagnostic and research instrument (Referral Problems Checklist with 32 behaviors) utilized by the Oregon Research Institute. This checklist was completed by the parents and teachers at the beginning of the program. The para-counselors completed the checklist one month after pairing with their children-counselees. In May, the teachers were asked to complete this checklist again, and in August the parents and para-counselors. Completion time was 10 to 20 minutes.

Table 5

Referral Behaviors Checklist Comparison of Pre/Post Ratings by Home, School, Para-Counselors on "us" Children

Group	Pre-Mean	Post-Mean	t	df	
Home					
Senior	53.66	44.26	2.02	11	.05 o.t.*
Youth	58.35	47.28	2.04	13	.05 o.t.
All	56.19	48.84	2.90	25	.01
School	46.63	47.27	-.09	9	--
Counselors	48.00	50.77	-.68	21	--

Pre/post results for this checklist were analyzed in three groups, those children paired with seniors, those with youths, and all combined. According to the parents, all three groups showed a significant decrease in problem behaviors (lower means scores equals fewer problem behaviors). According to the teachers and the para-counselors, however, the children remained basically unchanged in the number of displayed problem behaviors.

Home and School Progress Report

The responses on the Referral behavior Checklist were compared to a Home and School Progress Report completed in April and June by the parents and teachers of the "us" children. This report consisted of five questions requiring yes/no or less/same/more responses (see Appendix). It took less than five minutes to complete and was designed to help offset the poor teacher returns of the longer Referral Behavior Checklist. After contacting some teachers four to five times, without obtaining a completed checklist, it became evident a much simpler device was needed. The Home/School Report proved to be adequate and teacher response tripled (from ten to twenty-nine).

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*one tailed test (o.t.)

The results of the Home/School Report provide basic nominal data demonstrating the percentage of "us" children who had been observed showing positive or negative changes, and less, more, or the same incidence of disruptive behaviors, positive interactions, and responsibility. The largest increases for both the home and school seemed to be in positive behaviors and interactions demonstrated by the children. At home, the "us" children were also seen as substantially more responsible and less disruptive.

Table 6

Home and School Progress Report Results on the "us" Children

Question		April %	June %	Total Effect %
Positive Changes:	Home	82	73	90
	School	52	59	64
Negative Changes:	Home	11	20	07
	School	08	12	13
Disruptive Behaviors:	Home--More	04	03	03
	Less	39	50	67
	School--More	05	0	0
	Less	30	37	44
Positive Interactions:	Home--More	61	70	87
	Less	03	0	0
	School--More	46	40	48
	Less	0	0	0
Responsibility:	Home--More	54	50	70
	Less	03	03	0
	School--More	25	41	36
	Less	08	0	0

Since the "us" project worked with the children in an environment separate from home and school, and emphasized positive interaction and self-enhancement, the increase in positive behaviors and interactions, with smaller decreases in disruptive behaviors is explainable. The same applies to the occasional increase in negative behaviors. When the children first joined the "us" family, many of their interactions and behaviors were negative and disruptive. These were the patterns established at home and in the schools. The project environment allowed the continuation of these behaviors as long as they did not harm others, focusing instead on developing positive relationships that did not remind the child of parental or teacher authority roles.

The "us" purpose was not to replace the parent or teacher roles, but rather to complement what existed. Rather than copying what was done in the home and schools, therefore, the "us" design intended to increase the positive and block only those negatives which could prove harmful. It was believed that in following this approach, the positive interactions would transfer from the "us" project to other environmental situations, such as the classroom and family. If these environments were changeable and supportive of these newer behaviors, positive interactions could eventually become more stabilized and prioritized in the hierarchy of that child's behaviors. The child would have developed a repertoire of positive responses, which would be reinforced, and would therefore become prominent characteristics eventually negating the previously established negative and disruptive behaviors.

The "us" environment remained a "testing" ground for the child in which he was free to either experiment with more mature responses or resort to established child-like behaviors. The "us" project was also an unloading place for the child, an environment in which it was safe to work through the tensions built up elsewhere. Pandemonium and chaos often ran parallel to positive group interaction and sharing. Meanwhile, the families were in most cases seeking more meaningful relationships with their children; they frequently reinforced the positive, while often ignoring negative and disruptive behaviors which were now more acceptable due to the overall improved interactions. The schools were unable to follow this pattern because of the inherent structure imposed by being educational institutions that dealt with masses of children, pre-established criteria and objectives, socialization, and emphasizing the cognitive domain. To the schools, disruptive and problem behaviors were the focus. These were major concerns in the classroom.

Behavioral Observations

A difficulty in having counselors and teachers rate the changes in behaviors of the children they work with (e.g. Referral Behaviors Checklist) is the "halo" or "devil" effect. This is a tendency to allow a few characteristics of an individual to influence the judgment of other characteristics. This halo/devil effect is a major source of personal bias and distortion of judgment, and can both influence the way a person reacts to and treats another, and the responses given in questionnaires about that person.

Regretably, counselors and teachers are often more prone to a negative tendency when working with problem children. The term "problem children" in itself causes a focus on the negative aspects of the child; hence, subtle positive changes that require immediate reinforcement are often ignored. When the "us" counselors met for case conferences, they most frequently discussed problems and how to resolve them. Only occasionally was the evening spent capturing the positive changes. "Problem children" are too frequently ignored except when they are being problems. That is one reason why they are problems, and that is why judgments are biased.

To counteract the counselor biases, behavioral observations on the children and counselors were attempted by the staff. This behavioral observation approach was designed to provide a quantifiable and objective measurement with which to compare other judgments. A manual for observing behaviors was written (see Appendix) and staff training in observations and coding was completed through the use of video-taped examples. During the first six weeks of program operation, weekly observations were randomly made by the staff on each counselor and counselee (twice a day for two minutes each). At the end of that six-week period, the behavioral observations were discontinued for the following reasons: (1) there was inadequate inter-judge reliability, (2) the behavioral observations were tedious and were growing increasingly difficult to complete, (3) there were excessively low and high behavior rates in some categories, a factor that induced bias in the observations themselves, (4) the people being observed and the situational demands often interfered with the data validity, and (5) too many behaviors were being observed at the same time, on too many people, and by too few staff.

These problems in observation might have been avoided with a different design, which was what this specific research pointed out. Interjudge reliability could have been reduced by having fewer observers (one or two rather than six); fewer and less complex behavior classifications could have been selected; event sampling rather than time sampling could have reduced low and high rate behaviors; and tedium could have been reduced by observing a smaller sample (randomly selected).

Adjective Checklist

The parents had reported a decrease in problem behaviors, and an increase in positive behaviors. The schools reported an increase in positive behaviors and interactions. Overall, the child's problem behaviors had levelled, becoming almost the same at home, school, and with the project environment. Important now to the child, would be a positive change in the way he was defined by others, a reinforcement for his changes. In order to research this, an Adjective Checklist (AC), was used with the Referral Behaviors Checklist (RBC).

The Adjective Checklist consists of thirty-five bi-polar adjectives with a seven point scale from -3 to +3 (see Appendix). This was a modification of an instrument used by Oregon Research Institute (Patterson version of the Becker Adjective Checklist). It was easy to administer, fast, and provided an index of parent and teacher sentiment toward the child. A negative total implied a negative sentiment, while a positive implied positive sentiment.

It was assumed by the project that as the child progressed, a change in sentiment would occur at home, in the classroom, and at the program. At home and in the school this assumption held, but in the program, it did not. The parents had entered the program feeling about the same as the para-counselors toward their children. Both groups felt slightly positive about the child. The teachers on the other hand, generally viewed the child negatively. At the completion of the process, the parents were feeling much more positive about their children, the teachers had changed from a negative perception to a slight positive, while the program counselors still maintained their original sentiments.

Table 7

Adjective Checklist Pre/Post Comparisons of Home, School, and Para-Counselor Sentiment Toward the "us" Children

Group		Pre-Mean	Post-Mean	t	df	
Home:	Senior	22.83	43.50	2.73	11	.05
	Youth	25.07	37.76	1.69	12	--
	All	24.0	40.52	2.05	24	.05 o.t.
School:	All	-8.90	3.60	2.50	9	.05
Counselor:	All	22.27	24.61	.30	17	--

These differences in sentiment could account for changing scores on the

Referral Behaviors Checklist and the decreasing negative and increasing positive behaviors reported for the child. The parents were the most positive about their children and reported the only major decrease in negative behaviors, as well as an increase in positive behavior and attitude. This increase in sentiment gives the child essential reinforcement for continuing healthy change and growth. The teachers meanwhile started with a negative feeling toward the children in general, and made a most important change toward a slightly positive or almost neutral attitute. This change would not provide a positive reinforcement to the child, except in the sense that negative sentiment was reduced. This could account for the non-change in referral problem behaviors at school. The teachers were not reinforcing the child's overall changes with genuine positive increases in sentiment and definition. The same regretably, applied to the para-counselors. Around the program, they remained slightly positive in the way they defined and perceived the children, but due possibly to their roles as counselors, surrounded by a continual bombardment of problems from their assigned children and others, they could not allow an important change in definition and feeling to occur. As a check on this theory, a correlation coefficient was obtained for the Adjective Checklist and Referral Behaviors Checklist responses from parents, teachers, and counselors. The association was significant (<.01), r=.73.

In analyzing the individual AC responses of the para-counselors, it became increasingly evident that they were defining the child more from perspectives located in their own frustrations or feelings of success than on the basis of actual characteristics of the child. Those counselors who had been unable to develop in-depth relationships with their children gave the lowest scores, at times being extremely negative. On the other hand, the more successful counselors tended to give higher post scores on the Adjective

Checklist and lower ones on the Referral Behaviors Checklist.

These comparisons point out two main factors: (1) the importance of significant others (parents, teachers, and para-counselors) in reinforcing the positive developmental changes in the child, and (2) the potential bias produced in ratings or questionnaires, according to how the rater defines the person being rated.

Children's Personality Questionnaire (CPQ)

The CPQ is a two part, 140 question, 14 factor personality questionnaire published by the Institute for Personality and Ability Testing. It is designed to test children between ages eight and twelve. It requires forced choice either/or answers, can be hand scored or computer serviced and analyzed, and takes approximately 30 to 60 minutes to administer, depending on the individual or group. In this test fourteen objectively determined personality source traits can be measured, identified by alphabetic letters and technical names, are placed on a test profile. Individual or group changes can be measured, giving objectively defined self-descriptive data for comparison with other information (a more detailed description of the primary factors and their related characteristics is offered in the Appendix). Second-order factors may be calculated by combining specific primary scores (the fourteen source traits) to provide further measurements in areas such as extraversion and anxiety.

The fourteen source traits or primary factors are determined by adding significantly correlated responses given to specific questions. A raw score is obtained and then converted into a sten (standard ten score) for comparison to standardized norms (between sten scores of 4.5 to 6.5). Each sten score is compared to a bi-polar description and can be placed on a "profile" with the other sten scores to give an overall perception of that individual's personality. Low or high scores do not signify non-health or health, but must be examined according to the specific bi-polar characteristics of that factor in relation to all other factors.

Important in this questionnaire, as in all others, is the honesty of response and motivational level of the child. The test requires concentration and effort for a fairly long period of time. Because fourteen factors are being measured within 140 questions, with an average of ten questions per factor, it is critical to get the best effort on each answer. To increase test reliability and validity, equivalent forms are available and can be given to supplement the scores, giving more questions per factor. These equivalent forms may also be used to provide different pre/post test forms.

Due to time and motivation factors, the "us" project gave form "A" for the pre-test and form "B" for the post-test. Care was taken to give the child enough support and allow enough time to permit completion with the highest motivation and least frustration. The results of the pre and post testing are shown in the following table:

Table 8

Children's Personality Questionnaire Pre/Post Test
Results on the "us" Children

Factor	Group	Pre-Mean	Post-Mean	t	df	α
A	Senior	4.0	4.71	1.68	13	--
	Youth	4.73	4.26	.64	14	--
	All	4.37	4.48	.23	28	--
B	Senior	5.5	4.78	1.19	13	--
	Youth	4.4	5.93	2.69	14	<.02
	All	4.93	5.37	.98	28	--
C	Senior	4.57	5.07	.65	13	--
	Youth	4.8	5.13	.68	14	--
	All	4.68	5.10	.94	28	--

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Factor	Group	Pre-Mean	Post-Mean	t	df	α
D	Senior	5.78	6.14	.66	13	--
	Youth	5.4	7.13	3.16	14	<.01
	All	5.58	6.65	2.67	28	<.02
E	Senior	5.64	6.0	.58	13	--
	Youth	5.26	6.73	3.07	14	<.01
	All	5.44	6.37	2.38	28	<.05
F	Senior	4.92	5.42	.66	13	--
	Youth	4.53	6.35	2.74	14	<.02
	All	4.72	5.89	2.33	28	<.05
G	Senior	2.57	5.35	7.05	13	<.001
	Youth	3.8	4.53	.81	14	--
	All	3.2	4.93	1.96	28	<.05 o.t.
H	Senior	3.57	5.28	2.57	13	<.05
	Youth	4.8	5.73	1.34	14	--
	All	4.2	5.51	2.73	28	<.02
I	Senior	7.14	5.85	2.34	13	<.05
	Youth	6.53	5.66	1.11	14	--
	All	6.82	5.75	2.24	28	<.05
J	Senior	7.07	4.92	3.51	13	<.01
	Youth	6.53	5.26	2.01	14	<.05
	All	6.79	5.1	3.8	28	<.001
N	Senior	6.85	6.71	.19	13	--
	Youth	6.93	7.26	.73	14	--
	All	6.89	7.0	.25	28	--
O	Senior	5.78	4.85	2.25	13	<.05
	Youth	5.4	4.53	.94	14	--
	All	5.58	4.68	1.76	28	<.05 o.t.
Q_3	Senior	5.0	4.71	.31	13	--
	Youth	4.53	3.73	1.24	14	--
	All	4.75	4.2	1.01	28	--
Q_4	Senior	5.5	6.28	.92	13	--
	Youth	5.66	7.2	2.22	14	<.05
	All	5.58	6.75	2.17	28	<.05
Envia	All	4.79	5.59	2.39	28	<.05
Anxiety	All	5.96	5.92	.22	28	--
Independ.	All	5.38	5.26	.29	28	--
Vocab.	All	4.07	5.07	3.13	28	<.01
Writing	All	5.00	4.88	.43	28	--

(continued next page)

Factor	Group	Pre-Mean	Post-Mean	t	df	α
Spelling	All	3.65	4.76	3.91	28	$<.01$
Lang-Arts	All	3.96	5.00	3.78	28	$<.01$
Math	All	3.26	4.92	6.36	28	$<.001$
Soc. Stu.	All	3.53	4.73	4.13	28	$<.001$
Health	All	3.92	5.26	3.36	28	$<.01$
Science	All	3.73	4.92	4.29	28	$<.001$
Music	All	5.38	5.19	.51	28	--
Art	All	5.34	5.34	--	28	--

The analysis of this data disclosed: (1) significant increases in the primary factors of intelligence - B (for the children paired with youths), excitability - D, dominance - E, surgency or enthusiasm - F, superego or conscientiousness - G, venturousness - H, self-reliance - I, zest - J, confidence and adequacy - O, and ergic tension - Q_4; (2) a significant increase in the secondary factor of extraversion; and (3) significant increases in the secondary factors predicting better academic performance in vocabulary, spelling, language arts, arithmetic, social studies, health and science.

As shown by the increase in positive behaviors and interaction (AC), the increases in self-concept for some children, and now by the CPQ results, the "us" children had become more alive, filled with energy, and motivated. Within the open environment created by the "us" project and para-counselors, the children were free (within limits of responsible sharing) to develop their interactions with others. This produced an abundance of energy, as shown by the increase in excitability, dominance, spontaneity and venturousness, vigorousness or zest, and ergic tension. In the "us" project this increase in energy was expected, and avenues had been created to help channel that energy into positive behaviors and interactions. Consequently, with increased energy came the increase in group sharing and self-reliance, zest within the group, and a more enthusiastic happy-go-lucky manner. The children became more confident, conscientious and independent. This increase in energy and overall aliveness also accounted for the increase in intelligence scores for some; they were motivated to try. This increase in the primary factors of energy (Q_4, J-), confidence (O-), and conscientiousness (G+) accounted for the increase in the secondary factor scores measuring potential for better academic performance, bringing the means for the more coping-rational school subjects even with the more expressive-creative (music, art, and writing).

As a group, the "us" children had worked through the transition phase, growth was no longer blocked, they were more alive, filled with energy, confident, caring for others, able to work within a group and with others, and they needed only to be reinforced for these changes. If given a supportive environment that allowed continuation of this positive growth, the "us" children would have excellent possibilities. If blocked, left unreinforced, and labelled still as problem children, these potentially healthy people would be forced to release their increased ergic tension along other avenues. Anti-social behaviors, poor attitudes, underachievement, and inability to develop positive relationships would appear, indicators of blocked growth. The child would be blamed, punished, and eventually ignored.

This is one of the major concerns in primary prevention, the environment with which the child must interact, including nature, culture, institutions, and people. In the environment created by the "us" family, an environment the children were actively shaping, these children were able to break free from the frustrations caused by previous failures, labellings, and hostile non-supportive environments. With the "us" project terminated, where would these children turn?

Semantic Differential (SD)

The place the children would first turn to is the place they perceive to be the most positive. The Semantic Differential can be used to determine their perceptions. This questionnaire consists of 18 bi-polar, five-point scales that represent three major factors: (1) evaluation in such scales as good-bad and happy-sad, (2) potency in such scales as strong-weak and loving-not loving, and (3) activity in such scales as fast-slow and helping-not helping, (see Appendix). A concept is given for each list of scales and the child places a mark nearest the adjective which describes his feelings about that concept on each of the 18 five-point scales. The form is easy to complete, requiring only five minutes for each concept.

Five concepts were given to the child in pre and post testing: (1) "Iam," (2) "My counselor is," (3) "My family is," (4) "The program is," and (5) "My school is." When their responses were tallied, any adjective that received an overall mean of 4.0 on the five-point scale was considered significant.

Table 9

Semantic Differential Pre/Post Significant Adjective Totals as Rated by the "us" Children

	"I am"		"Counselor"		"Family"		"Program"		"School"	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
(A)	2	2	3	4	1	3	3	4	-	-
(E)	2	2	5	4	2	3	3	4	-	-
(P)	-	-	4	4	3	5	1	5	-	-
Σ	4	4	12	12	7	11	7	13	-	-

During the program, the children had remained basically unchanged in their perceptions about themselves. In the beginning, they saw themselves as mostly active and interesting. At the end of the program, they were active and helpful. Their perceptions about their counselors remained mostly the same, with twelve out of eighteen (66.7%) adjectives rating a 4.0 or better on the five-point scale. A change in their feelings about family did occur, increasing from seven (38.9%) to eleven (61.1%) adjectives rating a positive 4.0 or better. By the end of the program, they gave their families higher scores in activity, evaluation, and potency. An increase in positive adjectives describing the program was noted also, which now totalled thirteen out of the eighteen (72.2%) possible. School meanwhile remained the same, never having received any rating above 4.0 on the five-point scale.

Table 10

Semantic Differential Pre/Post Comparisons of "us" Children Ratings

Factor	Group	Pre-Mean	Post-Mean	t	df	α
I am	Senior	46.38	47.76	.84	12	--
	Youth	44.27	45.09	.59	10	--
	All	45.41	46.54	1.05	23	--
Counselor	Senior	52.61	50.0	1.50	12	--
	Youth	51.54	51.36	.09	10	--
	All	52.12	50.62	1.18	23	--
Family	Senior	48.92	53.23	2.08	12	<.05 o.t.
	Youth	45.0	45.90	.53	10	--
	All	47.12	49.87	1.99	23	<.05 o.t.
Program	Senior	50.23	52.23	.79	12	--
	Youth	48.27	47.27	.33	10	--
	All	49.33	49.95	.26	23	--
School	Senior	34.38	35.3	.31	12	--
	Youth	38.0	37.09	.19	10	--
	All	36.04	36.12	.02	23	--

Further pre/post analysis was completed on the five concepts rated by the children. Increases in total points per concept were noted by adding the numerical scores of all eighteen scales. The results confirmed the previous conclusions. The largest increase noted concerned the concept "My family is". Ranking the means of the post-test total scores yielded a hierarchy of choices made by the children, from highest to lowest: counselor, program, family, self (I am), and school. This most probably represents the order of preference the child would express when electing the source from which to seek further enhancement of development, were such a choice offered.

Phenomenological Observations

Some children in the "us" family did not have many choices. The program was over; they would seldom see their counselors again, and their family relationships were disturbed. The only resources left them were school, self, and peers. What follows is a brief summary of one child who shifted to these resources. This was observed by the staff and para-counselors, and recorded in the "phenoms". Identities have been altered somewhat in order to maintain confidentiality.

Case Study. This young female child came to the program with tremendous enthusiasm to become part of the "us" family. Her mother had been hesitant to allow her to join. The child was having difficulties in school, was acting out in class, and had few relationships with peers. During the first day, she was shy and somewhat self conscious and tended to remain close to another female child whom she had known before.

Observations continually indicated her inabiltiy to express herself openly and her hesitancy in getting started, whether in activities or in developing a relationship. Finally, she did begin talking about a few troubles at home, troubles the counselor felt might be more serious than she had thus far disclosed. Through constant effort on the counselor's part, the child responded to being touched and began to demonstrate a tremendous need to be physically near both her female counselor and a male member whom she trusted.

After meeting with the program and her counselor more frequently, she started to disclose more and show more interest in being involved. She was having difficulties with peers at school and talked about this with her counselor. When depressed, she now reached out more willingly, rather than saying that nothing was wrong. She was kept from the program for a week by her parents, and this she explained was a fear of hers. Her parents were using her access to the program as a means to control her actions, refusing to let her participate if she were not a near-perfect child. One parent drank heavily and tended to seek excuses for venting frustrations on the child. The child expressed her fear to the counselor of making her parents angry, and stated she could not talk on the phone. The child openly expressed to the counselor a hope that somehow the courts could remove her from the family and place her elsewhere.

The child began calling the counselor when the parents were not home, and would spend time talking and expressing her need for someone she could trust and be with. At the program, she started to mix more readily with her peers, especially when the counselor was present to help initiate the interaction. The child sought physical contact more freely and enjoyed attention especially from her counselor and the male staff member.

When the child was grounded again (her freedom restricted), a pattern became clear. Each time the child showed increased interest in the project and other people outside the family, she would be grounded on the pretext of some infraction. The counselor suggested family counseling or intervention by the staff, but the fearful child said, "No." Follow-up by the counselor and staff found the parents unwilling to communicate.

When the outings started it was at first questionable whether this child would be able to go, especially overnight. After staff intervention, this became possible. On the first outings, the child selected another female to be with most of the time and showed signs of being easily influenced. When a few male children began to show interest in her, she was embarrassed and unable to handle the situation, becoming somewhat sexually manipulative of others. Her counselor discussed this problem with her. Then later, this behavior was repeated when her peer-girlfriend was present. The staff called a challenge group on the two girls and the males involved. This ended most of the problem behavior. Talks ensued about the child's need to relate to peers, especially males whom she was interested in, and about healthier ways to interact.

Ultimately, the family responded with less closedness, and the child remarked to her counselor that the parents were trying to be more affectionate and understanding (this lasted only briefly). Around the program, she became very close to the other people and reached out willingly to her peers and the adults. She appeared more independent of her counselor and far more self-assured. In small groups, she found herself capable of listening to her peers and reaching out to help them interact better. She began to model counselor behaviors. A special, male-female, peer group was arranged by the staff, and she participated in order to learn how to communicate more openly with the opposite sex.

At the end of the project, the child was capable of mixing easily with most people in the "us" family. She had become independent of her counselor and spent most of the time with peers. She developed a crush on one male child and contacted a staff member (the male she trusted) to help her understand this situation. After the project ended, she organized meetings with her peers and continued contact with her counselor for a few weeks. According to reports by her teacher, she ultimately became exceptionally capable in relating to her peers, and developed close friendships with both sexes. Her teacher felt this change had helped her immensely as a person, and that her behavior in school had become positive, with fewer distracting behaviors and increased evidence of responsibility. When engaged in school activities, the child was observed by the teacher to be much more confident and willing to become involved. The teacher felt that the child's self-concept had improved remarkably.

When pre and post scores were compared, the child showed no change in self-concept on the Piers-Harris; her parents stated she had not improved at all; the parental Referral Behaviors Checklist showed an increase in marked problem behaviors and a decrease in sentiment as reflected by the Adjective Checklist. The child's self-reports and Semantic Differential showed responses indicating she felt better about who she was and got along better with her peers, but not with her family. She reported fewer problems in school and with peers, but just as many as ever with her family.

Post Data Feedback

Having an available environment, open to healthy interpersonal and self-enhancement, many "us" children were able to develop beyond their blocked transition phase. Problems were faced and dealt with. This helped build problem-solving methods that would continue to help later growth. The project did not try to prevent problems, but offered a way for the child to develop his or her own best method of solving them. With the support of their para-counselors, the children worked to make their families healthier, reached out to make new relationships, or developed inner strengths within "self".

The children and their parents were given a Self-Program Questionnaire that asked them to respond according to how the children were affected by the "us" project. The questionnaire was scaled from 1 to 5. Responses on the level 0-2.5 were considered negative, 2.5-3.5 neutral or no change, and

3.5-5 positive. Parents were asked to provide whatever comments they wished. Here is their feedback, distinguished according to those children paired with seniors, with youths, and for all children combined.

Table 11

Counselee Self-Program Questionnaire Feedback

Question	Senior	Youth	All
1. My family gets along better.	3.5	3.59	3.55
2. I like myself better.	3.86	4.06	3.97
3. I get along better with peers.	4.07	3.53	3.77
4. My counselor is important.	4.0	3.65	3.81
5. My counselor worked to know me.	4.93	4.06	4.45
6. My counselor listened.	4.5	4.12	4.29
7. I behave better.	4.07	3.82	3.92
8. I like my parents more.	4.21	3.35	3.74
9. I developed as a person.	3.71	3.82	3.77
10. I am more self-confident.	4.14	4.00	4.07

The children felt their counselors worked to get to know them, especially the seniors. They felt their counselors had listened. The children felt more confident and better about who they were. They behaved better. They liked their parents more, and their families had improved. Their peers were easier to associate with, and they themselves developed as people.

Most parents agreed. The child had gained in confidence, and had developed as a person, beyond what they had expected from their child's participation in the "us" project. Their child was behaving better, getting along at home better, getting along with other children better, and most importantly able to relate with the family more. The parents felt better about their children. Ninety-six percent said they would again send their children to the "us" program; most wanted more staff and counselor contact; and forty-one percent wanted parent groups and activities. Half of these parents would consider the "us" project as a partial alternative to school.

If the child continued in regualr school, most parents preferred the child not be separated from the regular classroom activities during the day. Instead, they preferred week-nights or, especially, week-ends. When the principal investigator requested personal permission to continue research on their children for a period of five years, 93.4 percent said yes, one family said no, and one family could not decide.

Table 12

Parent-Program Questionnaire Feedback

Question	Senior	Youth	All
1. My child relates better to the family.	4.21	3.56	3.89
2. My child gets along better with peers.	4.36	3.63	4.0
3. My child behaves better.	4.0	3.75	3.88
4. I feel better about my child.	3.71	3.75	3.73
5. My child has developed positively.	4.29	4.0	4.15
6. The "us" program effort was better than expected.	3.79	3.81	3.80
7. My child is more confident.	4.07	3.69	3.88
8. I would send my child again.	100%	98%	96.5%
9. I would like more counselor contact.	43%	64%	53.5%
10. I would like more staff contact.	50%	87%	68.5%
11. I would like family counseling or parent groups.	36%	47%	41.5%
12. I would grant permission for my child to attend the program as a partial alternative to school.	50%	50%	50%

Some of the written comments made by parents were:

> I feel that the program is on the whole, positive, constructive and innovative, and I would like to see more such programs in the area.
>
> I feel the program is a very worthwhile project and I would like to see it continue so other children could benefit from it.
>
> My child has more self-confidence now since attending you program.
>
> I am confused as to what the project intended as I did not consider my child to have any problems in the first place.
>
> I feel that the counselor did a good job, but a program can only do so much; the rest is up to the child and parents.

I feel the first youth counselor was too young and preoccupied with her own problems. Changing my child to an older person really helped.

The program was excellent, containing an opportunity for our child to find a level for his capabilities and to develop a mental and physical expression of advanced need.

I feel the program has been a positive force in my child's life. I am grateful for the opportunities and positive changes.

To tell you the truth I don't really know what the program did for my child, all I know is it had a very positive reaction on him. He doesn't seem to be bothered as before and is acting like a typical child.

My child was facing a domestic upheaval (divorce) when the program started and was under great strain, showing lots of depression and clinging dependent behavior. The program helped my child find positive ways to relate and meet other people and have experiences which helped her deal with her personal problems. Her self confidence has been greatly improved and I have enjoyed watching her pleasure and growth.

We appreciate this opportunity greatly and we can see positive improvement in our child's behavior and character. Out child had definite problems with his peers, a "not too good" opinion of himself, and no place to channel his surplus energy. He was uptight with himself and everyone. He hid behind phony bravado which has now changed to real self confidence. We are very upset to learn this program is not continuing, and hate to see progress made and lost so easily.

I think the program is just what the child needed. My child has opened up to the world through his influence in the "us" program. He looks forward to the future and plans things ahead. He used to be so pessimistic and against himself. Now he knows he can do about anything he sets out to do. He's done a lot of growing up.

The Counselors

The "us" children had made some positive changes in behavior, interaction, self-concept, and personality. These changes had been noticed especially at home, but also at school and the program. An environment had been established for them to develop more openly within, and the children had done so. Table 13 shows the major activities offered to the children. The first six activities in each list (crafts, sports, and outings) were the favorites, most frequently attended, and highly rated during post-test feedback.

The activities were motivational devices, interaction workshops, educational experiences, and challenging encounters with growth. With surrounding mountains, lakes, and streams, a college gym for use, and an "us" house filled with equipment, the activities provided a setting for spontaneous interactions to occur, and from these, a more natural counseling approach was possible. Artificial sensitivity-encounter groups and doctor-patient relationships were not needed, nor especially wanted. Growth came from being-in-the-program, as a natural consequence of existential here-and-now experiences.

Table 13

Activities List of "us" Program with Top Selections by the "us" Children

	Crafts	Sports	Outings
(1)	Leather	Swimming	Coast - Camping
(2)	Pottery	Karate	Flying
(3)	Video-tape	Motorcycling	Local day trips
(4)	Photography	Trampoline	Backpacking
(5)	Woodworking	Basketball	Non-local day trips
(6)	Darkroom	Fishing	Rafting
	Beadmaking	Volleyball	Mountain climbing
	Kite building	Tennis	Gold Mining
	Weaving	Gymnastics	Park
	Batik	Wrestling	(see list--Appendix)
	Bread baking	Bowling	
	Jewelry making	Football	
	Art/Music	Jogging	
	Macrame	Obstacle course	
	Typing	Soccer	

What brought the project to the point of making successful impact was not the activities, but the people involved in these activities. When the day was scattered and operating on lower developmental levels, it was because the people involved were scattered and operating on lower developmental levels. When the day was high in synergy, love, and facilitation, it was because the people were interacting in healthy ways. Each person played a critical part, adding to or subtracting from the total sum of healthy energy available for positive impact. This total environment, in return, gave support and reinforcement to the individuals.

As an example, the Saturday milieu had far more difficulties in creating a positive environment than did the Sunday milieu. At the time, both the staff and para-professionals assigned to that day were having problems with interactions among their own peers. The "us" children for that day were pulled back more and were non-communicative as a group. When involved in activitites, the children would often quarrel or become passively resistant. To compensate, the full staff was assigned to that day, adding more available effort to be spent in providing cohesiveness. Observations were made, feedback was given, and underlying individual differences were discussed and resolutions worked toward. In time, the milieu pulled together, but it was never as strongly united as the Sunday milieu.

In doing post-research, no significant differences in the normative (NSQ) scores, problem bheaviors referral (Walker and RBC), and sentiment (AC) associated with the "us" children for these different days were noted. The children were generally the same (there was a slight age difference, the Saturday children being younger). What were different were the para-counselors and at first, the staff. In a counselor effectiveness ranking, the mean rating for counselors on Saturday was 12.36, while the Sunday mean was 10.63 (the lower mean signified a more effective score). Overall, five out of the top six para-counselors, as rated later by the staff, were in the Sunday milieu.

As for the activities, they had not accounted for the difference in the milieus. The difficulties the Saturday milieu faced were peculiar to that group of people. The sum of their abilities and positive energy available to the children had been less than provided on Sundays. The para-counselors (and staff) still had team and individual differences to work through, requiring attention that should have been available to the children. Each barrier, blocked communication, minor friction, power struggle, hesitancy, jealousy, or human trait that signified lower-level functioning, subtracted from the overall, positive Gestalt.

This lower positive group energy, in return, gave less support and reinforcement to those para-counselors who were risking and reaching out (this environmental factor could also account for the higher rating of paras on Sunday). In replicating a project such as the "us" project, simply creating similar activities and training people of like ages will not necessarily produce the same results. Just as the differences in Saturday and Sunday environments were noted within the same project, so would the differences be noted and maginified in a different project. Groups of people cannot be duplicated nor replicated; they can only be approximated. The following data will provide a description of the "us" para-counselors.

Youth Paras Case Study Data (Ten)

The age range of the second year youth paras was thirteen to seventeen, with a mean of 15.8 years. There were five juniors, two sophomores, two freshmen, and one eighth grader. There were five males and five females, all in good health. Half of these youth were from broken homes (four females and one male) and all averaged three siblings per family. The males for the most part looked forward to marriage and a family, the females did not. Religion had been an important earlier influence for half, but was no longer so for any of them.

The parents of most youth paras had at least a high school diploma, and many had college degrees. They were generally professionals, semi-professionals, or skilled workers. Money did not appear a problem in most families, though a few were on the borderline. Most parents supported their child's involvement with the program, though a few became hesitant as the youth became more independent of the nuclear family.

The youth as a whole did not wish to be like their parents, although they planned to draw heavily from their family backgrounds. The youth felt their own chosen goals differed from their families' goals, as did certain of their values, attitudes, and beliefs. These differences, they stated, became especially evident in areas of personal choices (e.g. religion, sex, education, and drugs), often resulting in further problems in communication between the parent and child. Most youth expressed fear of being fully honest with their parents about personal choices and behavior.

The "us" project helped most youth become closer to their parents as people, but at the same time magnified problems related to independence. Many parents could not change perceptions as quickly as their children changed, and often the youth felt misunderstood and unfairly treated. A common complaint by them was that they had little voice in family decision making, yet they were expected to share in responsibility. A lack of communication was often blamed for this, the youth admitting equal fault. The greatest complaint directed toward parents was the "parent-role", which the youth felt prevented open communication, because the parent voiced expectations and demands without listening equally to what the youth wanted. Only half of the families hugged or touched frequently, and sibling rivalry was frequent.

Most youth had been spanked as children, and one had been abused as a child. None were spanked or paddled now, but one occasionally was struck with a palm or fist. All but two youth had considered suicide or running away. Two had been in counseling themselves, and some had been in minor trouble with the police.

As with the parents, the most common drug previously used by the youth was alcohol, though half had experienced a marijuana high, and some had experimented with other hallucinogens. Two smoked cigarettes and were "hooked". Most stated their parents would be more forgiving of them if they came home drunk than if they were "stoned". All youth said drugs were a minor concern in their lives; they had used drugs originally chiefly for experimentation.

Upon entering the program, most of these adolescents had not been adequately informed concerning sexual relationships, especially concerning specifics of how to perform sexual intercourse (e.g. foreplay and intercourse). Most had never openly discussed masturbation, especially their own. Two of these youth had experienced sexual intercourse. The females were more accepting of their sexuality and femaleness than were the males toward their own sexuality and maleness. However, the females were far less accepting of their physical appearance than the males. All the youth preferred being open and honest about their sexual feelings and were able to deal effectively with these drives best through discussion. They felt they could not be open outside the program except with a few close friends.

Almost all the youth disliked school even though most were average and a few exceptional. One youth had dyslexia and one was hyperactive. To all but one person grades were not important, and college remained an uncertain goal. Most wanted to continue working with people, but felt the educational system a poor place to learn to do so. At school it was private activities, friends, and a few classes that provided their main interests. The youth tended to be loners, having a few selected friends. In general, their parents did not take an active interest in school activities.

The girls tended to like themselves as total persons more than did the boys, especially in the area of interpersonal relationships. As with most adolescents, they usually faced problems with self-confidence, poor eating habits, rough complexions, changing moods, and too few in-depth associates. They disliked the peer status games in school, and prided themselves on being more individualistic in choice and responsibility than many of their peers. All felt they were developing in healthier directions and were working effectively with their major problems.

Many youth realized they slipped back into past negative habits easily; hence they could easily identify with the problems of the "us" children, especially in areas of internal conflicts, no friends, and poor communication. Occasionally, they felt they had been over influenced by the "us" children and had regressed to past childhood problem behaviors, but had been able to pull themselves out of the trap. This was especially true for the female youth, who often appeared more dependent on approval from the "us" children.

Senior Paras Case Study Data (Eight)

There were eight senior para-counselors who finished the second year program, five females and three males. The average age was 57.9 years, with a variance of no more than five years in most cases. Five seniors were high school graduates, on had a B.A., and 2 an M.A., averaging 13.7 years of schooling. One was a professional artist, others were retired from positions as secretary, millworker, school administrator and teacher, army officer, housewife, and farmer. Most did not miss their jobs, but did miss the challenge and feeling of self-esteem generated through competence.

With one exception, all were non-participating members of organized religions, though still believing in a higher being or force beyond man's understanding. All preferred to practice their beliefs personally rather than publicly, and continued to guide their lives according to values related to human dignity and the importance of individual life. They continued to search for answers relevant to their own life spaces and situations, but always within a fairly controlled moral framework.

None of the seniors feared death, all having been personally close to others who died, and to their own individual times of dying. To them, death was part of the natural process, though they tended to be concerned for those who might be left behind. Health remained good for them, though they were often cautious, in contrast to the younger "us" family members. Most feared becoming "living vegetables" locked away in an old folk's home more than they did death.

As for drugs, three smoked, most drank coffee, and some were taking prescription drugs. One senior stopped smoking during the program and did not start again. None had tried the hallucinogens beyond marijuana, most had been drunk or high from alconol. One was an ex-alcoholic. Two women had been married to alcoholics and had watched the effects of alcohol destroy someone they had loved.

Four seniors were married (two were a husband and wife para-team), one widowed, and three divorced. Most had enjoyed or did enjoy healthy sexual relations, but the single seniors found positive sexual relationships more difficult to maintain. This was related to the general attitude they held toward their peers; that is, their senior peers were closed and non-caring people who were all too willing to die, and who believed in the social stigmas placed on older people. In general, the "us" seniors perceived the possibility for healthy vibrant peer relationships to be narrowing. They found themselves more alone than before, as they watched their peers give up living long before life left the body. Many experienced a loneliness for deep friendship.

The "us" seniors especially enjoyed sharing with the younger people, who were equally adventurous and open. All the "us" seniors expressed a need for variety and new experiences and were continually searching for alternatives and growth. All enjoyed the openness found in today's society, but felt the mystery and awe of life was being destroyed by emphasis on negativism and mechanism-materialism. They believed that many parents today were depending far too much on agencies and institutions to rear children. This, they felt, was dangerous because it allowed less flexibility, individuality, and openness--often more risky and painful--but essential to growth.

All these seniors held pain as a charateristic of their lives. Most had suffered through cultural-economic depressions, wars, and family tragedies. One had been an orphan. Most had been raised in rural or semi-rural environments and had visited the larger cities only for cultural exposure and educational experiences. They had been generally rebellious in their adolescence, and had often resented the strictness with which they had been raised. All (except one who had no children) had raised their children differently. They described themselves as tolerant parents, mostly democratic, accepting of the natural rebelliousness in their children, and able to share close relationships upon separation of the nuclear family. One senior had later experienced a crisis with his children, but through constant efforts had managed to find a solution.

Both as kids and adults the seniors had experienced tensions in relationships with their brothers and sisters, fitting into what is currently accepted as the "typical," brother-sister, on again-off again relationships. A few felt close to their siblings and visited them frequently, but most visited or heard from them once a year--just enough to keep abreast of family history.

The seniors were mostly lower-middle class in income. Money was of secondary importance to all of them, necessary for survival, but not a goal in itself. Their major efforts remained in continued self-improvement and being or becoming healthy people. From their scars, they carried low self-images as a whole, often expressing doubt and skepticism about their own abilities, and were far less able to talk about their positive characteristics than to label their weaknesses. All seemed filled with an inner energy that derived from a religious or philosophic belief, or a search for some truth or meaning to life.

Para-Counselors Pre/Post Data (Year 02)

Drug Knowledge Scale

Although drug knowledge was not emphasized in the "us" project, a test was given in order to discover whether the para-counselors increased their drug knowledge, and how their responses compared according to age classifications (youth-senior) and to the staff. A 4-question Drug Knowledge Scale (from Pennsylvania State University Evaluation Scales), was administered to all para-counselors when they first entered the program, at the end of training, and again at the end of the year (pre/mid/post). The multiple choice test was easy to administer, and took 15 minutes to complete.

After completion of training, a significant increase in overall drug knowledge was measured, but this had dropped by the time of post testing. The staff maintained the highest overall mean for drug knowledge (30.66), with the youth next (21.41), and then the seniors (19.58). Difference in drug knowledge between youth and seniors was slight.

Table 14

Drug Knowledge Pre/Mid/Post Comparisons for All Para-Counselors

Pre-x	Mid-x	Post-x	df	t	α
17.93	21.33	--	15	2.07	< .05 o.t.
17.93	--	20.63	15	1.59	--

Drug Attitude Scale (Post test only)

The para-counselors also completed a fourteen question, multiple choice Drug Attitude Scale (the Drug Abuse Council, Inc., 1973). These questions were scaled from one to five. By adding the points given to each question, a total score could be obtained for comparing conservative, anti-drug attitudes (higher scores) and liberal, pro-drug attitudes (lower scores). The scale could range from 14-70. The range for the youth para-counselors was the widest varying twenty-two points from the lowest overall score (36) to the second highest (58). The youth paras were the most liberal in their overall attitudes toward drugs, the staff, second, and the seniors the least liberal or most conservative. There was a significant difference between youth and senior attitudes.

Table 15

Drug Attitude Post Comparison for Para-Counselors and Staff

Group	Mean	Range	df	t	α
Youth	45.6	36-58	28	1.91	<.05 o.t.
Staff	45.8	38-51			
Seniors	50.4	42-59			

Values

The Allport-Vernon-Lindzey Study of Values test was given to the para-counselors and the pre and post scores were analyzed to determine if there had been any significant changes. This test consists of 45 questions, takes approximately 20 minutes to administer, and is easily hand scored to give the relative strengths for each individual in six basic interests or evaluative attitudes: theoretical, economic, aesthetic, social, political, and religious. Profiles can be drawn for each person and compared to normative data which is generally represented by a mean score of 40 (plus or minus four points).

For the second year para-counselors a significant increase in aesthetic motivation was noted, along with a significant decrease in theoretical interests. This meant basically that the para-counselors placed a higher value on form and harmony, judging and enjoying each experience from the standpoint of its grace, symmetry, or fitness (subsidiary awareness); and they placed less value in the discovery of truth through the empirical, critical, rational, intellectual approach (focal awareness). As with the project process, the para-counselors had shifted from the typical emphasis on focal awareness toward an understanding and appreciation of subsidiary awareness.

Table 16

Study of Values Pre/Post Comparisons for the Year 02 Para-Counselors

Factor	Pre-Mean	Post-Mean	c	df	α
Theoretical	42.23	39.17	1.86	16	<.05 o.t.
Economic	38.05	36.23	.97	16	--
Aesthetic	37.29	43.52	4.20	16	<.001
Social	43.7	45.64	.93	16	--
Political	40.0	37.64	1.60	16	--
Religious	37.52	37.23	.14	16	--

Para-Counselors--Year 01 and 02

The youth and senior para-counselors from both years were compared for pre/post changes during their time with the program (three months was established as the minimum time limit the para-counselors needed to stay in the program before a pre/post comparison could be made). The major instruments used for this comparison were the High School Personality Questionnaire (HSPQ) and the Sixteen Personality Factor Questionnaire (16 PF), both from the Institute for Personality and Ability Testing. As with the Children's

Personality Questionnaire, the HSPQ and 16 PF measure the primary traits by obtaining raw and sten scores from forced choice questions. The sten scores for each primary factor can be compared to standardized norms (bewteen 4.5 and 6.5), and an individual or group personality profile with bi-polar description can be obtained. Second-order factors are calculated by combining specific primary scores. The HSPQ is designed to measure people in the age range of twelve through eighteen, and has fourteen primary source factors. The 16 PF measures adults and has sixteen source factors (see Appendix for complete table of CPQ, HSPQ, and 16 PF factors).

Youth Para-Counselors (Pre/Post Changes)

Seventeen youth para-counselors were administered pre/post personality questionnaires. The pre-test was form A of the HSPQ, and the post-test was form B. Significant increases were found in the primary factor Q_2, of self-sufficiency, and in the secondary factor of creativity. Significant decreases were noted in the primary factors C (ego strength) and G (suger-ego strength). Non-significant (<.10 one-tailed) but noticeable increases were observed in primary factors B (intelligence) and E (dominance), and in the secondary factors of social responsibility and anxiety.

The youth para-counselors had become more independent and assertive, relied more on their own decisions and resources, demonstrated more social responsibility, and related usually to older peers (staff). They appeared more creative, unconventional, insightful, adaptive, and persevering. At the same time, the youth felt the stresses from the added responsibilities required of para-counselors and decreased in ego-strength, emotional control, stability, consistency, and sense of duty, at the same time increasing in anxiety. The youth paras in general were being asked to take on adult responsibility in the "us" family, and they did so. As they did, the constant demand for adult behavior often created stress and frustration, especially in the personality areas of ego and super-ego, both still developing and somewhat unstable in adolescence. Even with this stress factor, however, the means remained positive, indicating an overall positive emotional stability (C+) and sense of duty (G+), with occasional outbursts or withdrawals indicative of situation overloads. This, the youth had commented on during the case studies when they described a temporary regression to child-like behaviors followed by a return to adult behaviors.

Table 17

HSPQ Pre/Post Comparisons of Year 01 and Year 02
Youth Para-Counselors

Factor	Pre-Mean	Post-Mean	t	df	α
A	5.46	5.26	.49	16	--
B	6.06	6.73	1.58	16	<.10 o.t.
C	6.33	5.6	1.97	16	<.05 o.t.
D	5.0	5.06	.09	16	--
E	5.26	6.26	1.58	16	<.10 o.t.
F	5.6	5.2	.64	16	--
G	6.86	5.33	2.29	16	<.05
H	5.73	5.8	.12	16	--
I	5.86	5.73	.21	16	--
J	5.46	5.66	.45	16	--
O	5.13	4.6	.95	16	--
Q_2	6.2	6.86	1.78	16	<.05 o.t.
Q_3	6.06	6.20	.16	16	--
Q_4	5.93	6.2	.47	16	--
Anxiety	4.66	5.51	1.38	16	<.10 o.t.
Self-Direction	5.43	5.51	.14	16	--
Social Responsibility	7.2	5.61	1.68	16	<.10 o.t.
Creativity	5.61	7.18	4.27	16	<.01
Leadership	6.53	5.88	1.14	16	--

It was during such moments of stress that most youth para-counselors departed, and comparisons were made between the primary factor means for those paras who stayed and those who had quit. Non-significant but noticeable differences ($P<.10$ one tailed) were found, with the youth paras who stayed scoring higher in intelligence (B+) and self-sufficiency (Q_2), and lower in surgency (F). The youth para-counselors who remained were in general able to adapt more easily to the stress, learn faster, depend on their own resources more, make their own decisions, associate with older peers, and make a more serious adjustment to the "load of caring".

Table 18

HSPQ Comparisons of Youth Para-Counselors Who Stayed and Quit

Factor	Stay-Mean	Quit-Mean	t	df	α
A	4.66	5.44	1.12	18	--
B	7	6.11	1.4	18	<.10 o.t.
C	5.33	5.33	--	18	--
D	5.33	5.5	.30	18	--
E	6	5.77	.21	18	--
F	4.66	6.44	1.7	18	<.10 o.t.
G	5.44	6	.52	18	--
H	5.88	6.22	.41	18	--
I	5.66	6.33	.81	18	--
J	5.77	4.77	1.05	18	--
O	4.44	5.11	.62	18	--
Q_2	6.88	5.66	1.45	18	<.10 o.t.
Q_3	6.6	5.5	1.1	18	--
Q_4	6.11	6.0	.1	18	--
Anxiety	5.25	5.38	.11	18	--
Self-Direction	5.93	5.12	.76	18	--
Creativity	7.31	6.52	.95	18	--

Senior Para-Counselors (Pre/Post Changes)

Fourteen senior para-counselors were administered pre/post personality questionnaires. The pre-test was form A of the 16 PF, and the post-test was form B. A significant increase was noted in the secondary factor of leadership, and significant decreases were obtained in the primary factor of ergic tension (Q_4) and the secondary factor of anxiety. A non-significant (P<.10 o.t.) but noticeable decrease was found in tender mindedness (I+). There was also a smaller increase in the specification equation for effectiveness as a psychologist.

Table 19

16 PF Pre/Post Comparisons of Year 01 and 02 Senior Para-Counselors

Factor	Pre-Mean	Post-Mean	t	df	∝
A	5.42	5.0	.99	13	--
B	5.07	5.57	.95	13	--
C	6 07	6.07	--	13	--
E	5.57	5.57	--	13	--
F	4.35	4.5	.57	13	--
G	5.78	6.42	1.05	13	--
H	6.28	6.42	.39	13	--
I	7.5	6.78	1.43	13	<.10 o.t.
L	5.04	4.64	.61	13	--
M	6.07	5.85	.47	13	--
N	4.5	4.5	--	13	--
O	4.78	4.35	.71	13	--
Q_1	6.35	6.35	--	13	--
Q_2	5.71	5.21	.57	13	--
Q_3	6.85	6.85	--	13	--
Q_4	5.28	4.35	2.73	13	<.02
Anxiety	5.25	4.30	2.23	13	<.05
Leadership	5.55	6.37	2.15	10	<.05 o.t.
Creativity	7.73	8.14	.67	9	.--
Psychologist	4.23	4.8	1.28	14	--
School Counselor	4.2	4.6	.7	14	--

The senior para-counselors displayed a concern that they might be rejected by the youth and children in the program. They felt capable, yet were aware that the children might prefer to be with the younger para-counselors. These seniors in the "us" project also carried a feeling of being alone and separated from their own peers, and were often hesitant to speak openly what they felt or believed. These factors all created initial tension and anxiety, which, however, decreased during the months they spent in the program. They became more relaxed, less anxious, and began risking. Through risking and reinforcement for doing so, the seniors developed new strength in leadership abilities, often being the first to try facilitation of a group, or role playing, or something new. They also became more practical and self-reliant, taking on the responsibility for generating group solidarity. They blended the intuitive, imaginative, aesthetic qualities with realistic temperament and awareness of group process.

In comparing those seniors who stayed with the "us" family with those who left, significant differences were found in factors H, O, Q_2, and Q_4. The seniors who stayed with the "us" family had lower means scores in adventurousness, being average in social boldness and friendliness, while maintaining consideration and carefulness in seeing risk situations. These seniors showed higher mean scores in factor O than those who left the program, having neither the high score of a person who worries and is overly anxious, nor of the person who acts out and is non-caring. They were also higher in self-sufficiency and resourcefulness.

Table 20

16 PF Comparisons of Senior Para-Counselors Who Stayed and Quit

Factor	Stay-Mean	Quit-Mean	t	df	α
A	4.25	6.28	1.7	13	<.10 o.t.
B	5.62	5.42	.44	13	--
C	6.12	6.28	.21	13	--
E	5.75	5.71	.03	13	--
F	4.37	4.57	.18	13	--
G	6.5	6.28	.21	13	--
H	5.87	7.42	1.84	13	<.05 o.t.
I	6.62	7.28	.57	13	--
L	4.75	4.14	.76	13	--
M	6.25	6.0	.15	13	--
N	4.37	4.57	.79	13	--
O	5.0	3.57	2.24	13	<.05
Q_1	7.0	6.14	.64	13	--
Q_2	6.52	4.71	1.85	13	<.05 o.t.
Q_3	7.25	6.57	.90	13	--
Q_4	4.87	3.71	1.89	13	<.05 o.t.
Anxiety	4.61	3.88	1.17	13	--

Comparing Counselor Effectiveness

Not all the para-counselors were equal in effectiveness or ability.

Some joined the project and made vast developmental gains, reaching and maintaining the higher levels. Others did not get beyond the third level, while a few simply could not reach beyond the second. Many para-counselors were unable to complete the project. What made these differences?

Selection of Para-Counselors

In total, eighteen seniors and nineteen youth who had been selected as para-counselor trainees remained in the program for three months or more. Twelve of these seniors had been selected by a staff interview with peer-staff ratings used to make the final selection. Six seniors had been selected by senior peers, either with an interview (3), or by having them join for a trial period (3). Seven youth had been selected through contact with the schools, a written questionnaire, and a final staff interview. Five had been chosen by school counselors, and seven by youth peers.

Of the twelve seniors selected the first year by staff interviews, four (33.3%) remained in the program for two years, one died (8.3%), one quit during the first training period (8.3%), three quit shortly after the first training period when pairing (with the "us" children) started (25%), one quit after the first year was completed (8.3%), one quit during hhe second year training (8.3%), and one quit after the second year pairing had started (8.3%). Of the six seniors selected the second year by their peers, four remained (66.7%), and two left shortly after training (33.3%). Three of the four who remained had joined the program after training had been completed.

Twelve youth had been selected the first year, seven by questionnaire interview, five by school counselors. Of the seven interviewed, two (28.5%) left the project shortly after training the first year, two (28.5%) did not return the second year, one left during the second year training (14.2%), one left in the middle of the second year pairing, and one stayed for both years. Of the five selected by the school counselors, two did not return the second year (40%), and three (60%) remained for both years. Of the seven youth selected the second year by their peers, two (28.6%) left the program in the middle of the counseling phase, and five remained throughout the year (71.4%).

In selecting seniors, staff interviewing, peer selection, and on-the-job-trial period selection were about equal overall in success, though peer selection proved more effective during the shorter period. Once the senior para-counselors had experienced what the project required, they generally seemed as effective as the staff in selecting incoming trainees. Further comparisons are needed before a more definite conclusion could be reached, however, since the staff during the first year had lacked a clear philosophy, criteria, or understanding of what type of person would be most effective in the project. At that time, neither the project nor its process had been developed.

In selecting youth, school counselors and peers tended to do far better than the questionnaire and staff interview method employed. Again, this points to the importance of familiarity with the person, an advantage the school counselors and peers enjoyed in most cases. As with the seniors, the second year choices proved slightly more stable, but this again may be attributed more to experience and understanding of the program rather than to choices made by different people. It would appear that once a project has been in progress a year, there is no reason why the para-counselors should not be given at least equal responsibility and choice in selecting incoming trainees and possibly, even in selecting incoming staff.

Counselor Effectiveness Hierarchy

Twenty-two counselors (12 youth and 10 seniors) from the second year program were ranked by individual staff members for counselor effectiveness, as determined from observing interactions with staff, other paras, and the children. These ratings included the counselor's effectiveness in research and counseling, since both were considered equally important in this project. A Spearman-rank correlational matrix was made on these ratings by the five staff members, and scores from .62 to .92 were obtained, all being significant ($P<.01$). In brief, the staff agreed in identifying the most effective para-counselors.

Tentative Criteria for Selection

The staff also completed a Tentative Criteria for Selection sheet on each of the twenty-two counselors, rating the paras on a scale from 1 to 7 for: (a) self-acceptance, (b) self-congruence or genuineness, (c) seriousness of intent, (d) sensitivity to people's problems, (e) ability to communicate, (f) awareness of personal biases, (g) lack of conflicting interests, (h) ability to listen, (i) willingness to get involved, (j) willingness to do what needs to be done, and (k) openness to learning. The total score for each para-counselor was ranked with the other para-counselor scores, and this hierarchy was compared to the Counselor Effectiveness Hierarchy. The Spearman-rank coefficient between the staff Counselor Effectiveness Hierarchy and the Tentative Criteria for Selection hierarchy was .88. The staff observational ratings significantly ($P<.01$) correlated with the tentative criteria.

The second year para-counselors were then asked to complete a Tentative Criteria for Selection on one another. These scores were totalled for each person, and a para-counselor hierarchy of raw scores was developed according to para-counselor judgments. A product moment correlation coefficient $r=.77$ was obtained when these scores were compared with the staff scoring of the para-counselors. Thus, the para-counselors generally agreed with the staff rating of para-counselor effectiveness.

The para-counselors were at the same time requested to complete a

Sociogram (see Appendix), selecting three people they would choose to talk with, share self to self, feel the most comfortable with, being the most "real"-honest, as a friend, and to help a ten year old problem child. They could name the same three or different persons for each question. The frequency with which each person's name was written by all para-counselors was tallied and a hierarchy was produced that showed a significant ($P<.05$) Spearman-rank difference correlation, $\rho=.60$, with the staff Counselor Effectiveness Hierarchy.

The "us" children were asked to rate their counselors with the Counselee's Inventory of Counselor questionnaire (see Appendix). This one page, sixteen question inventory provided total scores in the categories of counselor genuineness, understanding, valuing, and acceptance, as preceived by the child. If the counselor was perceived to have these qualities to a large degree, his or her total score was higher than a counselor perceived as less genuine, understanding, valuing, or accepting. The total scores for the para-counselors were ranked and compared to the staff ranking developed by Counselor Effectiveness Hierarchy, giving a Spearman-rank difference correlation of .63, which was significant ($P<.02$). Other Spearman correlation coefficients were computed for the individual scales and the staff Counselor Effectiveness Hierarchy, giving significant results ($P<.05$ or better) in genuineness, understanding, and acceptance. Valuing did not significantly correlate with counselor effectiveness.

Other rankings were compared with the Counselor Effectiveness Hierarchy, but none proved significantly correlated. The instruments used to obtain these rankings and their correlations are listed in Table 21.

Basically, staff para-counselors, and children agreed on the rankings of counselor effectiveness. By being involved in the project, and interacting with the para-counselors, they had all formed subjective perceptions. These perceptions agreed throughout the "us" family. The most important criteria for para-counselors appeared to be those listed by the Tentative Criteria for Selection of Counselors and Counselee Inventory of Counselors, especially in the areas of acceptance, genuineness, and understanding.

Table 21

Counselor Effectiveness Hierarchy Spearman-Rank Difference Correlations

Instrument	n	p	α
1. Counselee Inventory of Counselor			
a. Total Score	31	.63	<.02
b. Genuineness	31	.51	<.02
c. Understanding	31	.41	<.05
d. Valuing	31	.32	--
e. Acceptance	31	.67	<.01
2. Counselor Self-Program Evaluation	21	.18	--
3. Values-Social Scale	22	.22	--
4. Post Training Total Scores	17	.07	--
5. Activities Involved In--Total	21	.35	--
6. IPAT Counselor Effectiveness Equation	20	.33	--
7. IPAT "B" Factor	21	.20	--
8. Strong Vocational (P<.05=p.506) for n=17			
a. Realistic	17	.32	--
b. Investigative	17	.06	--
c. Artistic	17	.36	--
d. Social	17	.13	--
e. Enterprising	17	.23	--
f. Conventional	17	.20	--
g. Psychologist	17	.47	--
h. Guidance Counselor	17	.29	--
i. Social Service	17	.39	--
j. Teacher	17	.15	--
k. Social Worker	17	.42	--
l. AOR	17	.21	--
m. Intro/Extra	17	.06	--
9. Sociogram Totals	17	.60	<.05
10. Drug Attitude Totals	20	.13	--

This data supports the suggestion that para-counselors (and children) are able to make judgments and choices for the selection of incoming para-counselors. They appear to do so far better than any personality questionnaire, vocational interest test, or other measuring devices could do. This is especially true when considering the differences required of para-counselors in different projects. The people involved in the actual project process would best know the philosophies and counseling approaches emphasized, and thus, the type of person suited for the position. These program differences are not taken into account with the "normal" testing-selection procedure.

Senior versus Youth Effectiveness

The original grant hypothesis was: "Senior citizens can be more effective than peers in counseling adolescents who are potential abusers of drugs." To research this hypothesis, the questionnaire pre/post results on the "us" children had been separated into three categories: seniors, youth, and all. The senior and youth results were then compared to determine if the data could support the original hypothesis (or reject the null-form version of the hypothesis).

In the Children's Personality Questionnaire data, for primary and secondary factors, no significant differences were found between the growth of children paired with seniors and those paired with youth. The same non-significance was found in the Piers-Harris Self Concept Scale, the Referral Behaviors Checklist, Adjective Checklist, Home Progress Reports, Teacher Reports, and Parent Program Questionnaire. The Counselée Inventory of Counselors, total score and all four categories, the Tentative Criteria for Selection, and the Counselor Effectiveness Hierarchy found no significant differences between the youth and seniors. On the post Semantic Differential, the senior counselees rated the concept "family" significantly ($P<.01$) higher than did the youth counselees, and the senior children had significantly ($P<.05$) higher total scores on the Counselee Self-Program Questionnaire than did the children paired with youth para-counselors.

In listing pre/post changes in the "us" children paired with seniors and youth: (1) the senior-children made significant changes in self-concept (Piers-Harris) while the youth-children did not, (2) parents of the senior-children had significant increases in sentiment (AC), while the parents of the youth-children did not, (3) the youth-children significantly increased in the CPQ factors B, D, E, F, and Q_4, and the senior-children did not, (4) the senior-children significantly increased in G and H and decreased in I and O, but the youth-children did not, (5) the senior-children increased significantly in positive feelings toward their families (SD) and the youth-children did not, (6) the senior-children responded higher on the Counselee Self-Program Questionnaire than the youth-children in the areas of peer relationships, counselor inportance, counselor getting to know the child, the counselor listening, believing better, liking their parents more, and self-confidence, while the youth-children responded higher in liking self and development as people, and (7) the parents of the children paired with seniors when compared to parents of the children paired with the youth, felt their children related better to the family, got along better with peers, behaved better, developed more positively, and were more confident.

The seniors had started the program with a concern that the children would reach out to them less than to the youth. According to a Counselee Sociogram, this concern appeared valid. When asked to list the order of choice for a senior, staff, youth, or child on the Sociogram questions, the children first chose to turn to the youth, then the staff, and equally to each other and seniors. Still, the overall feedback from the counselees and parents favored senior para-counselors.

Although the data tends to favor the senior counselors, the question of effectiveness remains unresolved. The data does not provide significant differences in the children's overall pre/post changes to support rejection of the null hypothesis, or confirmation of the original grant hypothesis.

factors such as parental acceptance of an older counselor and the higher expectations of children toward adults, affect the feedback questionnaires. Non-matched pairing created possible biases in results. Even though random pairing was provided, with small numbers of children and short term results, the senior group may have had more children who were ready and willing to make positive changes.

A better question than senior versus youth effectiveness as rated by counselee change--since counselee pre/post change depends equally on the individual counselees as it does the counselor--would be to compare the most effective counselors to the least effective, as seen by the people in the project. This can be done by the Counselor Effectiveness Hierarchy and Tentative Criteria for Selection hierarchy (staff and counselors). The concern changes from senior versus youth (age differences) to most effective versus least effective, regardless of age.

Most Effective Compared to Least Effective Para-Counselors

When examining the Counselor Effectiveness Hierarchy and the Tentative Criteria for Selection, the necessity to search for differences between most and least effective counselors rather than senior and youth counselors becomes evident. Of the first sixteen choices, eight are seniors and eight are youth. The seniors hold positions two, three, five, seven, nine, twelve, fourteen, and sixteen, with a mean of 8.5. The youth hold positions one, four, six, eight, ten, eleven, thirteen, and fifteen, with a mean of 8.5. This equality of the ages, points to the importance of the person regardless of age, and to the potential of the individual counselee-child for change.

The six top ranked counselors (3 youth, 3 seniors) were compared to the six lowest ranked (3 youth, 3 seniors). The question to be explored was what characteristics were there that made some people more effective counselors than others. A 16 PF profile was made for the comparison on seniors, and an

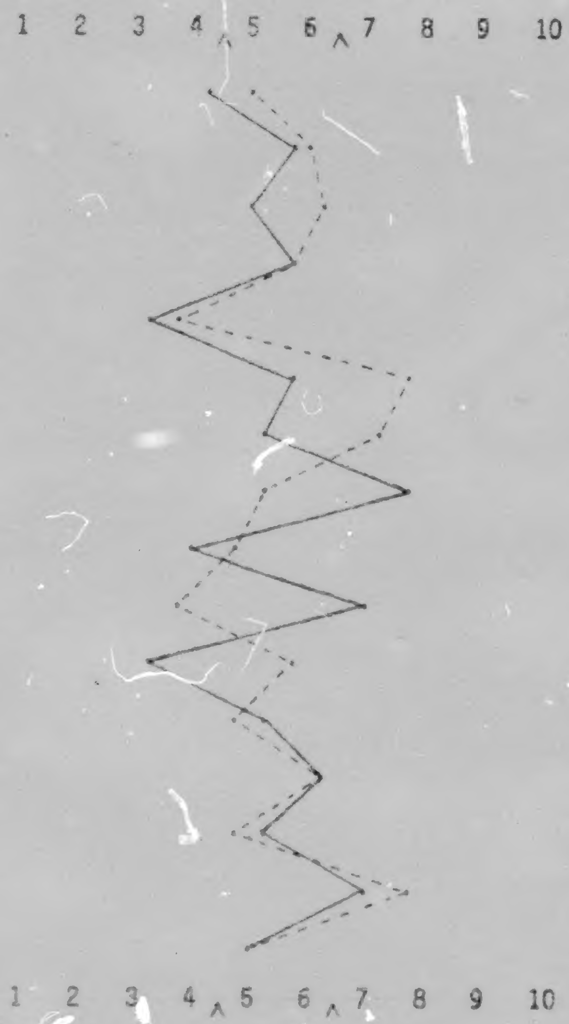
HSPQ profile for the youth comparisons. Then all IPAT scores were combined for the "most effective" and compared to the "least effective" scores, plus a comparison of Tentative Criteria and Counselee Inventory of Counselor means.

Table 22

16 PF Most Effective versus Least Effective Senior Para-Counselors

Most = ——— Least = - - - - - - Average = 4.5 to 6.5

	MOST	/ LEAST
A	4.33	5.0
B	5.66	6.0
C	5.0	6.33
E	5.67	5.67
F	3.33	3.67
G	5.67	7.67
H	5.33	7.33
I	7.66	5.33
L	4.0	4.67
M	7.0	3.67
N	3.33	5.67
O	5.33	4.67
Q_1	6.33	6.33
Q_2	5.33	4.67
Q_3	7.0	7.67
Q_4	5.0	5.0



The most effective seniors showed a profile with substantial mean differences indicating: (1) lower ego, (2) lower super-ego, (3) lower adventurousness, (4) higher imagination or unconventional thought, and (5) more forthrightness and spontaneity. The lower ego score (though still normal) may signify the most effective counselors were affected more by the stress, than the least effective. Coupled with this ego score, the lower but normal super-ego score shows the more effective para-counselors to be less compulsively controlled and less rigid in moral concerns of right and wrong. The average H factor for the most effective compared to the high H factors for the least effective, defines the most effective seniors as less adventurous, bold and impulsive. In general, these seniors were a little more careful and easy going around the "us" children. At the same time, the most effective seniors were more trusting in human nature, genuine, gregarious, easily involved emotionally, spontaneous, and natural, though possibly lacking in insight at times and occasionally clumsy socially. And they were more self-confident, cheerful, and given to simple action, while being less worried, anxious, and sensitive to rejection or disapproval.

In many characteristics, it appeared that the most effective seniors were most like the children, with lower ego and super-ego strengths, more spontaneous, but also slightly shy and cautious. Yet they had more self-confidence than the children, and were able to risk rejection and disapproval. Perhaps that is why they seniors so often stated they preferred the company of younger people; they themselves were in many ways still young.

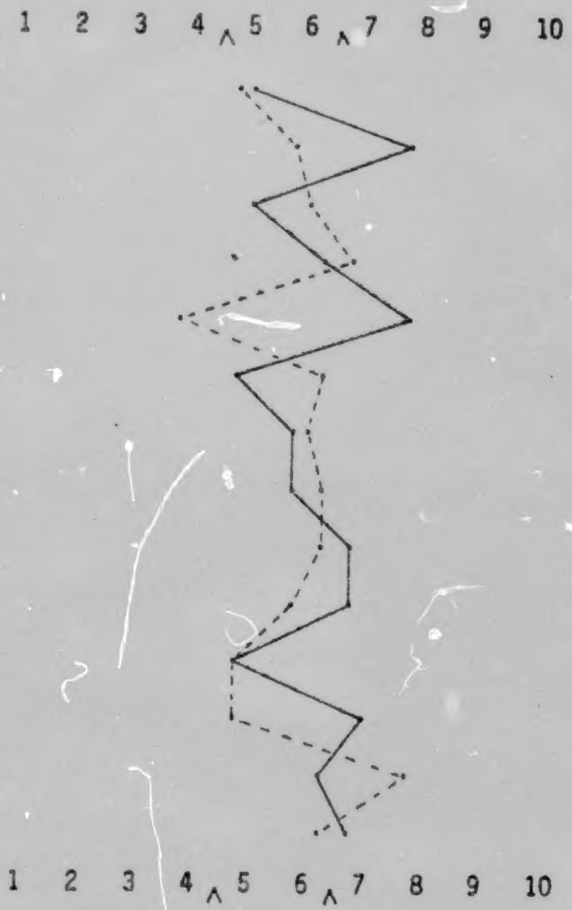
The profile for the most effective youth para-counselors indicated differences of: (1) higher intelligence, (2) lower ego--C, (3) higher independence and assertiveness--E, (4) more seriousness and concern--F, (5) more fatigue--J, (6) more resourceful and self-sufficient--O, and (7) less controlled or socially precise--Q_3. These differences are depicted in the following table.

Table 23

HSPQ Most Effective versus Least Effective Youth Para-Counselors

Most = ——— Least = - - - - - - Average = 4.5 to 6.5

	MOST	/ LEAST
A	5.0	4.66
B	7.66	5.66
C	5.0	6.0
D	6.33	6.66
E	7.66	3.66
F	4.66	6.33
G	5.66	6.0
H	5.66	6.33
I	6.66	6.33
J	6.66	5.66
O	4.66	4.66
Q_2	7.0	4.66
Q_3	6.33	7.66
Q_4	6.66	6.33



The lower ego score and increased fatigue (less zest) again represent the heavier strain placed on the most effective counselors. This was observed during the activities and outings especially where these counselors were usually the most active and risking, often being a counselor's advocate to his or her children and others. These youth paras were also the ones who were the most independent of the youth group and who needed less group support. They were the more resourceful and self-sufficient and provided models for the other peers and especially for the children, who were frequently observed counseling the counselors. This independence allowed the more effective counselors to make their own decisions easily and to follow through. It, at times, also made them appear dominating and headstrong. Coupled with being more compulsive, less controlled, and less socially precise, this factor of dominance in the more effective counselors became a negative influence on the youth group as a whole. To counteract this, the more effective youth para-counselors were reminded by the staff of the need to work within the larger group and the importance of allowing the less effective para-counselors opportunities for growth.

Table 24

Combined HSPQ and 16 PF Scores for Comparison of Most Effective Youth-Senior Para-Counselors to Least Effective Youth-Senior Para-Counselors

Factor	df=11	Most-Mean	Least-Mean	t	α
A		4.66	4.83	.14	--
B		6.66	6.0	1.0	--
C		5.0	6.16	1.28	--
E		6.5	4.6	1.53	<.05 o.t.
F		4.0	5.0	.62	--
G		5.33	6.83	1.2	--
H		5.5	7.0	1.3	--
I		7.16	5.83	1.56	<.05 o.t.
O		5.0	4.5	.48	--
Q_2		6.16	4.66	1.36	<.05 o.t.
Q_3		6.66	7.66	1.02	--
Q_4		5.86	5.66	.17	--
Extra		6.5	5.3	1.21	--
Anxiety		5.41	5.16	.18	--
Leadership		5.43	6.65	.93	--
Creativity		8.18	6.15	1.84	<.05 o.t.
Self-Direction		7.38	5.28	1.92	<.05 o.t.
Counselor Effectiveness		5.38	5.71	.18	--
Tentative Criteria		298.5	218.2	4.02	<.01
Counselee Inventory of Counselor		67.21	57.87	2.81	<.02

The significant differences (<.02) between the mean scores for Tentative Criteria and Counselee Inventory of Counselors provided verification that the most effective and least effective counselors had indeed been ranked significantly different. The signficiantly higher mean scores for factors E, I, and Q_2 showed the most effective counselors as being more assertive, independent, unconventional, sensitive, gentle, kind, self-sufficient, resourceful, and preferring to make their own decisions. Along with these primary factors, their scores were also significantly higher in the secondary factors of creativity and self-direction.

Determining the actual differences in the effects they had on their children, by measuring the pre/post changes in the children's scores, was not done for two reasons. First, the growth or positive change in any one person is as dependent on that individual's readiness and motivation to change as it is on the ability of the para-counselor or conduciveness of the environment. Second, sufficient time was not available to conduct the requisite research and analysis. This, like many other questions, remains an important concern that should be investigated through the use of a more conclusive, longitudinal, follow-up design.

Counselor Feedback

Counselor Self-Program Questionnaire

A Counselor Self-Program Questionnaire was given to the para-counselors. Like the Counselee Self-Program Questionnaire, each question used was scaled 1 to 5, with any answer below 2.5 regarded as negative, 2.5 to 3.5 neutral, and 3.5 to 5 positive. The youth and senior para-counselors responded with a 4.0 or higher to: (1) having developed as a person because of the program, (2) the overall effect of the program being better than expected, (3) having become more confident, (4) liking themselves more, (5) getting along better with people their own age, (6) getting along better with seniors, and

(7) getting along better with young adults.

Confidential Counselor Questionnaire

The largest questionnaire completed by the para-counselors was the Confidential Counselor Questionnaire. This was a fifteen page yes/no and essay type form, designed to obtain as much project feedback as possible from the people who had been involved in the process. If and when another project was started, repetition of mistakes could be prevented and strengths more emphasized. Not all the questions yielded pertinent information. Those that did are listed in the table. In most cases, the total percentage of yes responses is given. In questions where the youth and seniors differed to a large degree, this is shown also.

Table 25

Confidential Counselor Questionnaire Results on Yes/No Questions

Question	% (Senior/Youth)	% Yes
1. Have you ever had problems similar to your counselee's?		88
2. Did you do outside reading for counseling?		71
3. Was it hard to talk openly with your counselee?		12
4. Should the youth paras be older?	(50/22)	35
5. Should the senior paras be younger?	(75/22)	47
6. Should physical handicaps be a factor for selection?		24
7. Should sex be a factor for pairing paras with children?		47
8. Have you increased in awareness of: a. feelings for others; b. your own problems; c. other people's problems and helping; d. problem solving?		100
9. Do you feel your counselees opened up to you?		94
10. Did your personal problems interfere?	(25/78)	53
11. Did you understand the para-counselor purpose?		94
12. Are you pleased with the job you did?	(88/44)	65
13. Would you join "us" again at the start?		100
14. Would you continue without a stipend?	(50/78)	65

(continued next page)

	Question	% (Senior/Youth)	% Yes
15.	Would you like to continue as a para-counselor?		94
16.	Did you contact your counselee's parents?		100
17.	Did you discuss problems you were having with your counselees with other counselors? Staff?		88,94
18.	Did you reach a point of facilitative communication with your counselee?		88
19.	Were sexual questions ever posed by counselees?	(38/89)	65
20.	Was training adequate (for those who went through training)?		100
21.	Were case conferences adequate in supporting you during on-the-job training?		59
22.	Would you want direct on-the-job supervision?	(55/0)	30
23.	Was staff supervision adequate?	(50/100)	77
24.	Did you want more structure?	(50/0)	24
25.	Did you want less structure?		12
26.	Was staff available when needed?		88
27.	Did your counselee become dependent upon your relationship?		53
28.	Are you open to continuing contact with your counselee outside the program?		100
29.	Have you made arrangements to continue contact?		77
30.	Have any of your friends expressed interest in joining "us"?	(50/89)	71
31.	Did your family support your project involvement?		88
32.	Did your experience with "us" interest you vocationally in being a counselor?		88
33.	Did you receive enough feedback from staff about your counselee?	(50/78)	65
34.	Did you actively seek feedback about your counselee?		53
35.	Did you receive enough feedback about yourself?	(25/44)	35
36.	Did you seek feedback about yourself?		18
37.	Can you reach out more easily to help others because of "us"?		100
38.	Were drug questions ever posed to you by your counselee?		29
39.	Did you do parent/family counseling?		35
40.	If so, did you feel confident and adequately trained?		88
41.	Were the outings effective in helping your counselee?		88
42.	Did the outings help your relationship with your counselee?		94
43.	Because of the program, do you feel more confident about:		
	a. depending on your own capabilities?		88
	b. meeting and communicating with people of other ages?		100

(continued next page)

Question	% (Senior/Youth)	% Yes
c. liking yourself for who you are?		82
d. being more open and understanding?		100
e. developing yourself rather than trying to meet expectations?		94
f. continuing positive self-growth?		100
g. being aware of others?		100
h. Having an awareness of life?		94
44. Did your counselees call you outside the program?	(63/89)	77
45. Were there personal conflicts in your age group which hindered counseling?		65
46. Were there interpersonal conflicts between youth and seniors?		24
47. Did the program let you down?	(50/0)	24
48. Did you let the program down?	(25/67)	47
49. Are there counseling techniques you want more skill in?		88
50. Were there undercurrents in the program which made you uncomfortable?	(50/89)	71
51. Did you resolve any of your own personal problems during "us"?		88
52. Were there fellow counselors who should not have been in "us"?		82
53. Could you have been prepared more as a para-counselor?		59
54. Were there age difference/similarity problems with your counselee?		30
55. Did the program interfere with family and friends?		59
56. Were your capabilities properly used?		88
57. Did you notice positive changes in counselee behaviors, attitudes, and values?		94
58. Did you notice positive changes in other counselors?		82
59. Did you physically reach out and show love to your counselee?		100
60. Did your counselee physically show love through touch to you?		77

As with any project that conjoins different ages, educational backgrounds, life styles, and purposes, there can be no way to satisfy everyone. Often when a change was made to satisfy one person or one group's needs, it interfered with and was rejected by others. An example is seen in responses to the matter of overall program structure; many seniors wanted more structure, but the youth did not. The same applied to supervision and training. In these cases, the feedback becomes confusing. In the confusion of competing and conflicting needs, it is best to seek a pattern of changes and similarities. What needs are mentioned repeatedly, and what needs have been fulfilled? It is from this faint pattern of needs that the feedback defines what level of development the program was operating on.

In training the most often reiterated requests were for more information about family counseling. All three of the on-the-job trainees requested more formal training, but none of those who had been through the training process requested this, though some wanted to learn more counseling skills. What the para-counselors enjoyed most in training was the openness and honesty, and the way this changed them as people. Didactics provided cohesiveness and motivation, just as the activities did for the counselees.

There were few complaints about the activities. Some people felt more room was needed, some found one or another boring, while many felt they should have learned these skills more thoroughly. Often the crafts had been used as time fillers by the counselors rather than as actual experiences in learning and teaching self and others how to create. The outings were the most popular with everyone.

People tended to be the most positive part of the project for some para-counselors, and for others, the most negative. This difference more often indicated where the rater was with self rather than what other people were like. In general, the para-counselors had grown to be close to each other as people; and the only one or two people were unable to adjust to the "us" family. These people were repeatedly named as not belonging as a para-counselor, and were often the ones who felt the most negative about people in general. The youth and seniors found few real problems attributable to age differences. So, too, with the children. The staff was perceived as positive by most para-counselors, although some felt they were too demanding and authoritarian. Yet, others felt the staff was too soft and needed to use more discipline. Many counselors wanted to spend more time with the staff and felt a lack of communication and feedback, but even in this, most paras remained aware that there were too few staff for too many people. Often the paras neglected to help each other, and depended on the staff too much. As with the project, the staff was often viewed as the need fulfiller, rated according to how well they satisfied individual needs of the rater. When perceived as people, they were considered like everyone else, continuing in the developmental process.

In summary, everyone in the project came away feeling better about who he or she was. All had suffered and made mistakes, and some had learned that they did not fit in the counselor-advocate role. The paras had learned something beyond just counseling, however; they had learned how to share with others, to be more open, trusting, confident, understanding, and caring. Their hearts, so to speak, had opened, and people shared for a few moments love that went beyond immediate needs. Their concerns were no longer focused on survival, security, nor even mere belonging. They had made a successful impact and had combined parts (individual people) into a larger whole (the "us" family). They now wanted more individual freedom of choice, a chance at transcendence beyond the dichotomies (including ages), and beyond ego. It was no longer a matter of vocation or job-role; they sought to share holistically with others as a way of living.

Chapter 6

SUMMARY AND RECOMMENDATIONS

It is difficult to impress on people the seriousness of the drug abuse problem that exists in this nation without appearing somewhat melodramatic and foreboding. Most people simply do no want to believe that a problem of such magnitude exists within the system. Like cancer, heart attacks, and death in general, drug abuse is all around us, yet no one believes that the problem will someday be his or hers.

"That will never happen to me, I can control by drinking," said five or six million alcoholics and another seven to nine million problem drinkers as they and the other alcohol-drinkers of this nation went on to consume over 200,000,000 gallons of wine, 3,600,000,000 gallons of beer, and 360,000,000 gallons of liquor in one year. "It is those twenty-four million marijuana smokers and two million chronic users that we need to be concerned about," said the habituated smokers who consumed over 542 billion cigarettes that year. "If only we could help those miserable 560,000 heroin addicts," the poly-drug users remarked as they refilled the 260 million psychoactive drug prescriptions written that year by American physicians. "These statistics confuse and tire us," said the caffeine imbibers, "Pour us one more of the 180 billion cups decanted each year."

Drug use and abuse is a problem today, here and now, facing us all. World-wide, the most frequently consumed substance known to man is a drug. That drug is nicotine, the number one mind-affecting drug. Only a few casual cigarettes are needed in "hooking" a dependent smoker. Inhalation of smoke remains the single most important cause of lung cancer, and is a major factor in deaths from coronary heart disease, chronic bronchitis, and emphysema. Pregnant women who smoke have two to three times as many premature babies and twice as many aborted or stillborn.

The second most widely used mind-affecting drug is caffeine. At one time, "coffee addiction" was classified in the same category as morphinism and alcoholism. Coffee was then considered a major factor that led people to turn to other drugs like alcohol and opium. Seven to ten cups of coffee can produce acute toxic effects, restlessness, insomnia, and excitement. Seventy to one hundred cups can kill a person, producing strychnine-like convulsions and death from respiratory failure.

Alcohol and marijuana are respectively the third and fourth most popular mind-affecting drugs. Alcoholishm is the number one drug problem in the United States, increasing at a rate of more than 200,000 new cases each year. One person in fifteen who drinks becomes an alcoholic. Alcoholism is the fourth most prevalent disease in this country. The life expectancy of an alcoholic is twelve years shorter than average. At least forty percent of those who use marijuana become chronic users. Marijuana use plays a substantial role in introduction to the more potent hallucinogens like LSD and psychoactive drugs like speed. Though illegal in most states and countries, its use has increased phenomenally over the last few years.

Approaches to Solving the Drug Abuse Problem

Each one of these four most widely used mind-affecting drugs has been or may be classified as a "legal drug". Marijuana is the only one not yet fully legal. Though not legal, it has become sanctioned. Making these drugs legal--or less illegal--has certainly eradicated some of the injustices imposed by legal codes which classified users as criminals, but it has not provided a solution to the drug abuse problem.

But then again, neither did the Volstead Act prove effective in solving the alcohol abuse problem, although it too emphasised law enforcement as a means of punishment-deterrent, and reduced availability of alcohol through arrest of those who distributed or used the drug. A similar situation prevails in the United States today with respect to heroin use and abuse. Hailed by the patent medicine industry as a non-addicting substitute for opium and morphine, distributed by Bayer Laboratories, and widely prescribed by physicians, heroin became a national problem in the early 1900's. To counteract this, the Harrison Narcotic Act of 1914, together with later Supreme Court decisions made possession and prescription of this drug illegal unless the user was institutionalized and withdrawal was being initiated. In short, the heroin user of abuser was classified a criminal. By 1970, over fifty-five federal drug laws had been passed to supplement the 1914 Harrison Act. The penalties for narcotic offenses had increased from a maximum of two years imprisonment during 1909 to life imprisonment or a death sentence in the 1950's. In some states, it became illegal to possess a hypodermic syringe or needle that could be used for administration of narcotics. In other states, simply being an addict, whether a drug or syringe was present or not, was a crime.

In the course of this period of increasingly stringent law enforcement, the number of heroin addicts increased from 200,000 people in the early 1900's to an estimated 560,000 in the early 1970's. In New York City, the Board of Education today reports 22,000 heroin users in the public schools. Heroin use, in that city, kills more teenagers than anything else. Half of the deaths attributed to heroin addiction in that city are of individuals no older than twenty-three. The law enforcement approach has not provided the solution to the drug abuse problem.

Another method being tried today evolved from the search from alternatives to the law enforcement approach. Similar to the British treatment-and-heroin-maintenance system, a means for providing an inexpensive, readily available drug to the addict has been developed in this country. This allows the addict to continue leading a respectable, normal life while maintaining a minimum dosage of a drug similar to heroin. The substitute drug is methadone, equally addictive, cheaper, and administered orally rather than by injection. Methadone blocks the effects of heroin and staves off withdrawal trauma. It is estimated that 75,000 addicts are undergoing methadone treatment today. And, although the results of this effort have been positive, further research is essential before conclusions can be drawn. This method's greatest limitation is that as a substitue, it is heroin specific. It will not serve as a substitute for the other drugs being used and abused. Methadone is not a replacement for nicotine, alcohol, barbiturates, or amphetamines.

Rehabilitation is also being tried as a solution. Some programs seek to extinguish drug abuse behaviors and substitute more positive behaviors. Yet, although a number of multi-million dollar programs continue to be funded to conduct research in this direction, the results are not promising. Up to eighty percent of the addicts treated in these programs are found in prison, hospital, or on the streets (abusing drugs) again within three years after release from "treatment". And if the point needs underscoring-"smoking clinics" exhibit the same remission rate. Once a person becomes habituated and addicted to a drug, it is extremely difficult to extinguish the response.

Finally, a new approach was touted as a way toward prevention. This was an educational approach, designed to inform people, especially children and adolescents, about the misuse and proper use of drugs. The approach was an immediate failure. After a year-long study of the educational programs being used nationally, the National Education Association made these comments: (1) the greater percentage of existing programs are superficial and educationally poor, (2) false statements made by misinformed or uninformed educators in these programs may have contributed to an increase in drug usage, (3) educational money is being wasted on poor materials and misinformation, and (4) using false, or inaccurate, emotionally oriented, and judgmental materials is more harmful than using no materials at all.

That educational approach had failed, but it did bring to light a very important concept of drug use and abuse prevention. People were at last becoming concerned with precluding the problem before it got started. They were becoming aware that those solutions that sought to "cure" the difficulty after it was firmly established as a disease were not working. An alternative was being sought. The search focused attention upon primary prevention.

Primary Prevention

Primary prevention entails anticipation of a disorder or disease before it has become manifest in anyway. Primary prevention is a method of assessing the environment, to determine the stresses and negative contingencies, as well as the positive resources, and then developing alternatives that will enhance normal, healthy growth. Primary prevention seeks to solve the drug abuse problem by maintaining and reinforcing individual and group-system healthy development. To do this requires awareness of both factors that contribute to mental health and normal development and factors that foment disease and crisis.

Predictability and Primary Prevention

Prevention is often associated with the concept of predictability. It is assumed that in order to prevent a problem, it is necessary to first predict this negative outcome in an individual, and then to intervene. Tests and questionnaires are created, along with lists of behavioral indicators. People, especially children, are then subjected to a dichotomous classification system that considers them either "drug prone" or not. By focusing on the numbers of people assigned to the drug prone category, proponents find research support to document a need for special programs that can eliminate these tendencies.

Such prevention programs are frequently based on four major assumptions: (1) childhood characteristics or traits are relatively crystallized in early school years, (2) children with poor adjustment characteristics are likely to evolve into disturbed adults if not treated, (3) children are more amenable to therapeutic intervention, and (4) treatment will prevent later disturbances. All four of these assuptions remain unproven, and have in fact, been challenged by recent research. For example, when children were assigned to a control group rather than being clinically treated, two-thirds to three-quarters got better. But the success rate for children assigned to the experimental group was the same. Treatment was not shown to have made a difference. Poor adjustment was more often than not spontaneously corrected.

Perhaps the most erroneous assumption underlying this prediction of negative outcomes is the belief that psycho-social maladjustments are of a medical-allopathic nature. Prediction and prevention in such a case become means for pre-treating illness by counteracting symptoms present within the child. Homeostasis is restored through the guidance or help of an "expert-homeopath". Illness, diagnosis, and cure become synonymous with prevention. Such prediction and prevention are not of a primary preventive nature, but in fact have shifted toward secondary prevention, where concern with disease and control of disorders rather than with health remain uppermost.

Prediction and primary prevention can be united, but prediction must take the form of detecting and evaluating various forms of competence and maturity, rather than trying to foresee negative outcomes. Prediction of health is far more reliable, and far more tolerable to the concept of primary prevention than is the prediction of negative outcomes. It is more reliable because healthy children usually remain healthy and trouble children may become healthy through normal development. It is more tolerable because it, as a means-method, enhances the very same positive process-outcome which is being measured, whereas the prediction of a negative outcome often creates a self-fulfilling labelling process that supports a negative outcome.

The best predictors of positive healthy adulthood, and the ones, therefore, most suitable for primary prevention are: normal or high I.Q., a reasonably high level of socioeconomic status and cultural richness, peer acceptance, attention or ability to control distractive behaviors, a high level of moral behavior and development, cognitive-structural development, cognitive style, and ego or self-conceptual development, and control of antisocial behavior.

Behaviors such as anti-social acting out, distractability, and underachievement may be used also, but only as indices of blocked development. They serve to direct awareness to an underlying problem, especially during the childhood transition periods of 6 to 9 when cognitive interest, orientation, style, and attention are major concerns, and 9 to 12 when moral development and interpersonal relationships are major concerns.

Growth and Prevention

The primary prevention concept emphasizes positive growth. To assist a person in positive growth, obstacles impeding development are removed, and alternative resources are provided to enhance the normal healthy process.

The strength to solve problems and continue healthy development is seen as coming from within each person, rather than from an external source or expert. Given occasional support when overloaded, and an environment conducive to individual need fulfillment, each person has the inherent ability to actualize self. When the organism cannot find support, or when needs cannot be fulfilled in a healthy way, growth becomes blocked. When growth is blocked, symptoms appear. If these symptoms are ignored, the person reaches a point of crisis. Crisis in this case is defined as an event of great life-psyche significance for the individual, as a point of choice and change.

In accordance with the primary prevention concept, to help an individual who is facing such a crisis, belief and trust in that person's ability to solve his or her own dilemma must be communicated. Helping means assisting and sharing the process of self-searching, removing obstacles, and providing alternatives. This does not take a professional, but rather, a person who has attained a high level of self-development, who is continuing in positive growth, and who is willing to share the process. The helper must, in short, be someone who has struggled through the growth process and is willing to continue doing so, modeling and acting as a resource for others. More important than a degree or license in this primary prevention concept is the ability of one person to relate to another along certain interpersonal core dimensions of genuineness, positive regard, empathetic understanding, and concreteness or specificity of expression. Characteristic behaviors associated with this ability are self-disclosure, spontaneity, confidence, intensity, openness, flexibility, and commitment.

Self-growth of the helper or counselor becomes the prime prerequisite for helping others grow. The individual who chooses to help others must first be on a level of development that is characterized by healthy interaction and positive facilitation. Helping others in such cases would not require a degree, nor would a degree guarantee the necessary level of self development. The strength to change and to facilitate change comes from within each person in accordance with previous experiences in the growth process.

"us"

The Prevention Branch of the National Institute on Drug Abuse has funded a number of "model" primary drug abuse prevention programs throughout this nation. Its purpose in doing so was to develop diversified responses to a major social problem and to promote the evolution of a national strategy for primary prevention. According to NIDA, "Primary Drug Abuse Prevention is a Constructive Process designed to promote personal and social growth of the individual toward full human potential; and thereby inhibit or reduce physical, mental, emotional, or social impairment which results in or from the abuse of chemical substances" (NIDA, 1975). One such program which was funded was the "us" Youth-Senior Program.

The original grant proposal for the "us" program had been designed according to traditional ways of solving the drug abuse problem. The original program name had been the "us" Youth-Senior Drug Prevention Program. The major objective of the program was to "reduce the potential for drug abuse through intervention in the lives of target youngsters who have been identified as behaviorally disturbed and therefore drug prone." The emphasis was on prevention of a negative problem. The staff consisted of two full time and two half time positions. The research focused on one series of personality questionnaires, used within a pre and post experimental/control group design. These tests were also to be used to select the para-counselors who would work with the target youngsters, after being trained. Training included a somewhat formal course in general psychology, personality theory, abnormal psychology, theory and technique of counseling, and a thorough coverage of alcohol and drug abuse data.

Most exciting about the original grant proposal, however, was the innovative use of adolescent and senior citizen para-counselors. Each trained para-professional would be paired with two children, providing one-to-one interaction of a "peer-buddy" or "surrogate grandparent" nature. Happily, the approved proposal retained considerable flexibility. This made possible responsiveness to evolving perceptions of the real problem. And, equally auspicious, counseling and research were to be combined. Finally, an adequate budget was funded; financial freedom to experiment and create alternatives was assured. The first year budget totalled $107,006, and the second year $121,110 (approximately $10,000 was returned to NIDA at the end of the second year).

Out of the original grant proposal, evolved the "us" program. Clarifications and changes were made in philosophy, selection, training, counseling, staffing, budgeting, and research. However, one aspect of the program remained unchanging, the constant concern for the rights and welfare of the people involved. A special Review Board and written assurances had been developed in order to remind "us" always that the priorities were: (1) counseling, prevention, and people, (2) research, knowledge, and dissemination, and (3) program, institutional-system support, and continuation.

Purpose

The "us" purpose was and is to create a practicable research, para-counseling primary drug abuse prevention program. To do so, the project as a total Gestalt of the individual people involved, sought to create a conducive environment for others. This environment itself was seeking alternative ways and resources for enhancing its own positive, healthy growth. Promoting personal and social growth of the individual toward full human potential also meant promoting the healthy growth of the total program. As the "us" project became healthier, it could more readily help those individuals involved in the "us" family. As these individuals became healthier, this added to the overall sum of development reached by the project. The resulting resonance created a high level of synergy.

The stated "us" objectives were" (1) enhancement of counselee social and psychological functioning and adaptation, (2) positive change in counselee behaviors and attitudes, (3) detection and reinforcement by significant others of counselee positive change, (4) demonstration of an alternative para-professional model that might potentially prevent drug abuse, (5) determination of differences in effectiveness between senior and youth para-counselors, (6) prevention of youth para-counselor drug abuse and maladaptive behavior, (7) enhancement of senior para-counselor feelings about usefulness and worth, and (8) training para-counselors who would be employable in future counseling projects.

The "us" project was created and funded as a primary prevention model. Its purpose was to learn and to help others understand how to develop similar primary prevention efforts. The means equated with the final end--to help people become mature, healthy, and self-actualizing. There was no one way or predetermined method for doing this. Only flexibiltiy, adoption of alternatives, and exploitation of all resources could be offered; the rest evolved from the process created by the people of the "us" family.

Philosophy

The program philosophy evolved from four major areas of concern: mental health, humanistic self-development, analysis of the environment, and creation of complementary alternatives and resources. Within the primary prevention concept of positive development, mental health is defined as the process of maximizing: (1) meaningful relationships with other people, (2) release of inner sources and potentialities, (3) acceptance of one's self, and (4) achievement of a symbiotic relationship with the environment (synergy). Mental health is viewed as an active process, requiring freedom, choice, and responsibility. It involves risk and frequently entails problems and pain; they are essential, and they help to build inner strengths and resources that help the individual adjust to or transcend situational demands. Mental health cannot be forced or programmed. It is a by-product of human development within a conducive environment that offers love, need fulfillment, freedom to experiment, choice, caring, responsibility to others, competence, opportunities to express feelings and emotions freely, the support and courage to be self, sensitivity to others, adequate resources and opportunities, and a positive philosophy of life. The "us" project made every effort to create that environment.

Humanistic self-development comes from within each person, as an unfolding process of interaction with the environment. Humanistic development and mental health are outcomes of disciplined following of a life path that most actualizes one's own potentials; they do not result from the discipline of forcing one's self to follow a path chosen by others. "Humanistic" is a term used to describe an orientation based on the understanding of man and his relations with the total environment. This orientation encourages a search for meaning in life, with the recognition that this urge is basic to the essence of man. The humanistic orientation has five basic postulates: (1) man excedes the sum of his parts and must be studied as a unified organism, (2) man has his being in a human context, within a matrix of human interactions, objectives, and values, (3) man is aware, (4) man has choice, freedom, and control over his own life, and (5) man is intentional, seeking variety and disequilibrium.

The stages or levels of humanistic self-development in the areas of values, conscious awareness, synergy, personality, cognition, motivation, and counseling have been described and combined in the "synthesis chart" (see next page). By using this chart, analysis of a person and an environment can be made to ascertain what resources must be provided to further growth, and to determine when development has been retarded and reinitiation of the normal healthy process is required.

The synthesized characteristics of development are arranged in five levels on the chart. The first three are considered "coping levels" that reflect behaviors and aspects related to deficiency needs. These needs offer a perspective of man viewed in normal, everyday operation; they describe how he spends the major proportion of his time and energy. These needs are satisfied mostly through habitual behaviors, are problem centered and episodic; they are shared by all members of the human species; their satisfaction provides relief, and fulfillment avoids illness, but does not necessarily produce positive growth; they create need-determined or categorized perceptions of others and the environment.

The fourth level is a transition point representing at once both a basic, coping need and a higher, self-expressive need. It is here that the individual or group must go beyond everyday habitual behavior and begin transcending normal limitation, choosing to make a shift in life style, and formulating a new world-view. Here, previous methods of satisfying lower needs no longer work effectively. It is here most people stop, discontinuing growth because they continue to use previous ill-fitting solutions, rather than seeking change and positive alternatives.

The fifth level comes from a change in life definition and direction. It is the highest level, emphasizing self and the disciplined following of one's own path. Self-expression, actualization, life meaning, expanded

VALUES	AWARENESS	SYNERGY	PERSONALITY	COGNITION	MOTIVATION	COUNSELING
Obedience - Survival	Deep Sleep Somnambulism	Awareness of Environment	Trust - Mother Love	Sensorimotor: Schematas combine. Initiation of learning permanency.	Physiological.	Long term assistance needed. Counselor potentially damaging.
Satisfaction of Ego-Needs	Dreams - Hopes	Genuine Reaching-out	Autonomy - Needs Consistency, Testing of Reality.	Preoperational: Imaginative Play. Exploration. Symbolic Thought.	Security.	Distorted Perceptions. Mechanical.
Conformity. Authority. Social Order.	Identification. Habituation.	Impact - Success or Failure.	Industry. Roles - Peers. Sex Identity. Intimacy - Love. Mutual Trust.	Concrete Operat's Series Planning. Comparisons. Conservation. Part-Whole combined.	Love + Belonging.	Normal Facilitation. Voluntary Discussion.
Contract of Individual Rights. Code of Ethics.	Double Awareness. Self-Transcendence.	Synergy. Transcendence of Dichotomies.	Generativity. Ego-Transcendence World Concern.	Formal Oper's: Rational, Systematic Analysis.	Self-Esteem.	Potent Facilitation. Emotional Proximity.
Universality of Human Dignity, Worth, Life Process.	Cosmic Objective Consciousness.	Integration. Expanded Consciousness.	Integrity. Meaning in Life.	Combined Analytical-Intuitive Thought: World View Changed.	Self-Actualization.	Sharing of Inward Search.

CHART OF SYNTHESIS OF DEVELOPMENTAL THEORIES

consciousness, and universality of the life process define the efforts of man on this level. These characteristics emerge from the transition, blossoming forth like a flower from a seed or butterfly from a cocoon. Each person buds according to his own special attributes. It requires a shift in thought and existence; it requires a radical transformation.

An analysis of the environment can be made according to the synthesis chart. The American culture is in general, operating at the threshold of level three. Identification, social order, successful impact, industry, intimacy, mutual trust, part-whole unity, love and belonging, and normal facilitation of others are the needs yet unfulfilled but being examined. The level two needs have basically been satisfied, although unhealthy regressive forces and distorted perceptions often cause an increased concern for security, ego-need satisfaction, conformity, and obedience.

Being at the threshold of level three, however, only implies that this culture has the potential to fulfill these needs. It signifies that for most people, basic needs at the lower two levels have been satisfied. The transition to the third level has yet to be completed. The United States does not presently have a genuine, level three culture established. A genuine culture demonstrates a consistent attitude toward the positive, unique, and intrinsic worth of persons and life; it meets the standards of achieving human ends, encouraging liberation of human spirit (psyche) individually and collectively, of technologies being subordinate to indispensable human services, and of its institutions being harmoniously designed to produce both the necessities and the essence of human existence.

Today's institutions are not conducive to humanistic growth. The cultural-social environment today is shaped too restrictively, in accord with behavioral concepts, focusing on conditioning, consequences, and control. It is a Darwinian environment of competition and survival of the fittest that still emphasizes coping, power, status, wealth, and prestige. The two institutions which work with children the most have become arrested in growth; consequently, they cannot assist the child's growth beyond the lower levels. Thus, schools teach data, coping, and control; they focus on reinforcement techniques and socialization. Schools train the "mind" but forget the "psyche". Meanwhile, the extended families that once provided psyche growth have continued to break down. With high mobility, divorce, and few places for people to learn how to be healthy parents, the family institution has been unable to facilitate higher level development. Most critical in the family remains the lack of communication and listening between the parents and children.

For the United States, being a genuine culture and fulfilling the third level needs are yet goals, but they are realistic and within reach. What is wrong with the culture is wrong with the institutions, and it is wrong with the individual person. Growth has been blocked and the environment is unable to stimulate and re-motivate healthy development. Help and change are required. People in general do not know how to create a humanistic environment. What are needed are the knowledge, support, freedom, and resources to assist the growth process.

The creation of complementary alternatives and resources comes from a rational understanding of "what is" and an intuitive creation of "what could be". It is critical to go beyond what the environment is, and to offer a healthier model. This requires risk and experimentation. The people involved must be able to put aside "answers" already learned, to re-question, and to allow new solutions to emerge. People must be willing to be changed even as they seek to create change. Mistakes will be made; blocks will temporarily impede development; but as men and women continue to strive toward health, and help others do the same, the alternatives will emerge. Focusing on the problem or the negative will not help. Reaching a state of equilibrium or homeostasis will not do. In primary prevention, the emphasis remains on the positive development of individuals and systems.

The "us" project provided a number of alternatives for the children, para-counselors, and the staff. It was believed that a supportive environment was essential for everyone, not just the "target population". Healthy people helped others become healthy. This meant that everyone needed to grow, and to continue doing so.

The most exciting alternatives and resources came from combining four generations of people in a common positive purpose. Ranging in age from 9 to 77, children, adolescents, young adults, and senior adults united to constitute a microcosm of the people within this rural-smalltown community. A large, extended, "us" family was created, complementing the present day nuclear family. The people in the "us" family were introduced to numerous ways of solving problems, interacting, thinking, and living. In the two-year project period, 63 children, 19 youth, 14 young adults (including the staff), and 18 seniors worked with the program. Learning to share meant learning to live with a representation of the total community. People learned to communicate, understand, and accept the differences that did exist, and to challenge the myths that made the generation gap appear either an abyss or not there at all.

Another alternative was the use of activities that complemented the school system. Here, the "us" family provided activities that strengthened personal interaction, a positive self-image, physical coordination and cooperation, attention, intrinsic motivation, creativity, skill-building, and subsidiary awareness (process awareness). The main activities were skills and crafts (e.g. leather, pottery, videotape, photography, music, woodworking, weaving, and art), sports (e.g. swimming, karate, trampoline, yoga, motorcycling, jogging, and fishing), and outings (e.g. camping, day trips, flying, backpacking, and rafting). A special "us" newspaper was written and distributed by the project people. This paper told about the "us" project, the feeling of being a family with a common positive goal; it shared poems and creative thoughts. Personal interaction frequently occurred on a one-to-one basis, but also in small groups of 3-6, as well as in large groups of up to sixty. From quiet walks in the park, to a forty-mile, five-day and four-night wilderness excursion, people shared in those ways that fitted them best. A four-bedroom house arranged into craft rooms and meeting areas, college gym facilities, the local community, and nature provided the resource environment.

And finally, as an alternative, was an environment of freedom, choice, and responsibility. The project was open to change, and required that each person find his or her own place within the holistic process. Mistakes could be made. Experimentation could occur. Not everyone had to follow the same path. Yet, all this meant responsibility and awareness. People and material possessions were involved. Concern for the rights and welfare of others and the project was expected. Cooperation in research was required. Teamwork was essential. All of these responsibilities and more were a part of the freedom and choice; they were usually accepted willingly because the people were doing what they wanted to do and they were willing to help others do the same.

Staff

The staff members came from two sources: (1) those hired pursuant to the original proposal, and (2) a fold-back process of hiring young adult para-professionals. An immediate problem with the original proposal was the limited number of staff it provided to undertake the necessary community contacts, selection, training, research, development and maintenance of alternatives, workshops, outings, and overall management. To compensate for this shortage in an innovative way, young adult para-professionals were selected and trained by the original staff, and then from the Year 01 feedback and subsequent redesign, an updated grant proposal was written to create staff positions for those people who chose to stay and who had demonstrated the capability and commitment to do so. This increased the Year 02 staff to seven full time positions (the executive director remained part time throughout the project period).

The staff members were required to facilitate interaction and communication, instruct in sports, crafts, skills, and counseling methods, model positive healthy behaviors, do research, plan and design, make observations, and work creatively to provide alternatives and changes that would give further impetus to the overall project developmental process. The staff was required to work with people of all ages, understanding the problems and growth process common to all. As young adults, these people could often help others bridge the communication gaps between generations. With their physical youth and psychological self-development, these people were able to muster the stress, risk, and energy output required. Above all, these were people who were loving, caring, and able to transcend ego needs. They operated on level three of the synthesis chart, though like all people, they vacillated to the lower and higher levels. They had always, a commitment to helping self and others become healthier human beings. And, like the para-counselors, they did this is a flexible manner, assisting others in the search for their own path, in making their own choices, and in facing the natural consequences of being-in-the-world.

Selection of the Children and Youth/Senior Para-Counselors

During the first year, the children (5th and 6th graders) were informed about the "us" project through a variety show and by their teachers. Lists of names were collected from each school. These included those children who either had volunteered for the program, or whose name had been placed on the list by friends or teachers. The parents of these children were contacted by phone, the project was explained, and if they and the children were interested, an interview was arranged. The interviews were held at first by the staff, and then later by the para-counselors. After all risks and benefits had been considered, the parents were asked to sign a special consent form. The child was then accepted into the program. Later these children brought friends, and if there was room and need, these children were allowed to join, provided their parents approved and signed the consent form.

In the second year, the children were informed about the project by a representative group from the "us" family. A senior, young adult, and youth went into the classroom and explained the program. Out of 344 children contacted, 199 volunteered for the program. The teachers then recommended those children who they thought might benefit the most, or who had the most need, and the parents were contacted and interviewed by the staff. The interviews were in much more detail the second year, and the parents were requested to complete some pre-testing forms before the child joined. As with the first year, after counseling started, the children brought friends, and again if a need was evident, and if the program could accomodate, the parents were contacted and the child was allowed to join.

The youth para-counselors were selected in three ways: by the staff, by school-counselors, and by peers. The staff, during the first year, selected the youth according to a written questionnaire and a group interview. The questionnaire was a brief essay, and it was used to determine first whether the youth would meet the responsibility of completing it, and second, the degree of insight and awareness shown by the answers. Fourteen of those youth who completed the questionnaire were asked to meet for a group-interview. Seven of them were selected, paradoxically, because they chose to defer to the apparent needs of other applicants. Meanwhile, five youth had been selected by school-counselors who had become familiar with the program.

During the second year, the youth para-counselors who chose to stay and were selected were given the assignment of locating and selecting the incoming youth. They selected seven new members based on a group-interview.

In the first year, the senior para-counselors were selected by the staff and according to peer ratings during a group-interview process. A selection scale and a sociogram were created by the staff, and these were completed at the end of an hour-long discussion group consisting of six seniors and three staff. Those who received the highest combined scores were selected. During the second year, the seniors selected the new members.

According to the research, peer selection proved as effective as staff selection.

Training

Twelve youth, twelve seniors, and seven young adults started the first year training program. The youth ranged from 13 to 16 years of age, the seniors 54 to 77, and the young adults 21 to 43. The training period lasted fifteen weeks, totalling 207 hours. Training was held from 7-10PM on Tuesday and Thursday, and from 9 to 5PM on Saturday. Training was open-ended and emphasized personal growth, communication, learning to take responsibility and make decisions, problem solving, and developing alternatives and resources. Observations by the staff plus individual trainee journals provided feedback. The journals also provided a means for one-to-one disclosure, expression of feelings and needs, and suggestions on how to improve the training process. Case studies were used to help people learn in detail about one another, and to prepare for research collection with the children. Of the thirty-one paras who started the training, two (seniors) did not finish.

During the second year, thirteen youth and nine senior paras started training. The youth this year were slightly older, and the seniors were slightly younger. The training period lasted 15 weeks, totalling 175-200 hours. Most training was held on Tuesday and Thursday night and all day Saturday. One week-end, over-night training session was held in a special retreat. One youth and two seniors did not complete the training.

From the feedback collected at the end of the first year, second year training was redesigned. The program philosophy was expounded more fully during training, and small group discussion concerning the levels and areas of humanistic self-development was encouraged. Objectives were listed to match the growth levels. As a training goal, the para-counselors were required to demonstrate level three competency in group interaction, paper work, counseling skills, research, skills, crafts, and general program knowledge. Role playing, video-taping, behavioral and phenomenological observation methods, counseling skills and styles, case studies, behavioral contracts, encounters, and family problem solving were experienced and learned during training. Yet, the major emphasis was on helping the paras learn to take their own direction. The para-counselors taught each other, learned to facilitate their own groups, and designed their own environment. The process was still open-ended, being guided by journal and personal feedback; but there was also more structure in order to provide the experiences that the counselors and staff had requested in the Year 01 feedback.

Counseling

The para-counselors and staff designed the counseling efforts of the "us" family around three major theses: (1) para-professionals, with professional supervision and assistance, could help children who were having problems, (2) a reality based process of interactions within actual circumstances could be used to provide both a learning environment and a therapeutic milieu without the need for pseudo-reality therapy groups, and (3) primary prevention of drug and other abuses could be best accomplished by focusing on positive individual and environmental growth rather than on problems.

The alternative activities offered by the project served as a means to facilitate interpersonal sharing. They provided common interests and a high level of motivation. From that point on, it was up to the para-counselor to make a successful impact on the child. By modeling positive behaviors, by reaching out with genuineness, by caring, and by giving understanding, this positive impact could be achieved.

During the first year, the senior and youth paras were divided into separate counseling groups (for research purposes). The seniors met with their children on Tuesday and Thursday; the youth met with their children on Monday and Wednesday (the first year was a summer program). During these days, the "us" house was open from ten until three, with workshops held in the craft rooms, the gym, or outside. The children were free to choose whatever activites they wanted, and the para-counselors were to assist the child and be near. The para-counselors were required to stay at the "us" house for a minimum of three hours. Their children usually stayed five hours (transportation was scheduled to arrive at ten and leave at three). The children were not paired with any one para-counselor at first, but instead shared with anyone and everyone. Later, they were paired according to feedback from them, the paras, and the staff. Usually, two children were paired with each para-counselor. Two trips to the coast were planned as overnighters. The rest of the sharing occurred at the "us" house, on one-day local trips, or during one-to-one counselor contact outside the program facilities.

The second year counseling phase was extensively redesigned by the paras and the staff. This year, the seniors and youth were not separated by age; instead, two milieus were created by combining seniors, youth, young adults, an children into extended family models. The children were paired with the para-counselors immediately, according to the para-counselor's abilities and the child's needs. Case conferences were scheduled weekly (later bi-weekly) for the staff and paras in order to give feedback, obtain support, and coordinate the counseling efforts.

In the winter and spring school months, the milieus met on Saturday or Sunday at the "us" house. Crafts and skills were offered, the gym was available for sports, and occasional one day trips to the park or river were taken. The paras also met with their children outside the program for at least one day a week. In the summer months, various outings were offered in place of the week-end activities. These ranged from one-day local trips to five-day hikes. The activities were designed to encourage a gradual shift in location from the "us" house as a center, toward use of the community and home environment. This also permitted making an important shift in choice and responsibility from staff, to the paras and the child.

From the interaction among these people came the real learning experiences about how to help others. Several concepts were developed and shared: (1) "blocking", finding positive alternatives rather than using punishment to stop negative behaviors, (2) "natural consequences", learning self-responsibility by enjoying or suffering the natural consequences of a behavior, (3) "crisis-challenge group", a positive alternative to fighting or withdrawal from abuse, giving anyone the opportunity to call a group together and challenge the other person involved in the crisis, (4) "parent day contacts", having the parents join the program during the activities, and (5) "centeredness", teaching awareness and attention through activities requiring high risk and cooperation.

Research

Two types of research were used in this project: one to explain the process that the program went through, and another to explain the process people experienced (e.g. change in self). To explain the process people experienced, two forms of research-perceptions were obtained: nomothetic (general-group) and idiographic (specific-individual).

Program Process

A director's log was maintained throughout the program as a means of recording observations on the program process. This log served as an outline of events that was analyzed according to the "synthesis chart" to determine project development. The outline was divided into two research years: Year 01 (July 1, 1973 to September 30, 1974), and Year 02 (October 1, 1974 to September 30, 1975). Three phases were covered each year: preparation-redesign, training, and counseling.

01 Preparation. This phase involved obtaining community understanding of and support for the project, hiring staff, selecting para-counselors, designing the research, completing the assurances, establishing a timeline, and searching for an "us" house. The project had been five months late in starting, rumors had spread about the "drug" program, and critical changes in design were essential. The main objective in this preparatory stage was survival. The "us" project as a whole was operating on the beginning growth level, and the environment was not conducive to positive growth. There was an awareness that long term assistance would be needed. The project was

incapable of helping others as it stood, and a long training period was needed before it could grow beyond this potentially damaging, chaotic atmosphere.

The focus was on building trust and communication. The first efforts were directed toward becoming aware of the environment, and of what was presently available in both reality and potential. Learning had been initiated and the "us" project was slowly moving from a pre-operational state toward creation and fulfillment of dreams and hopes. The program was like a child only months old, stimuli impinged unmercifully on the organism. It was not a time to become resistant to the input, but rather, a time to sort through the experiences and allow an unfolding process to occur, absorbing what was real, while actively creating what could be.

01 Training. The training phase helped the program in a number of ways. It brought people together in a common search, giving support and input. It helped clarify and develop subsidiary and focal awareness concerning the program philosophy and objectives. It provided time to meet with the schools, community agencies, and the incoming children and their parents. A house was finally located and fixed up by the combined efforts of staff and paras. Alternatives were decided upon, the resource equipment was ordered, and the rooms were converted into workshops. The second-year grant award was requested and received. The focus shifted from prevention of a negative problem, "drug abuse", to enhancement and positive, healthy development. A shift had occurred from secondary prevention toward primary prevention.

During training, the program reached level three on the developmental synthesis chart. Most para-counselors came into the program at level two and achieved a major growth step during the training period. The "us" family was established. Dreams were becoming realities. Attention was no longer on ego-need or program-need fulfillment, but rather on helping the incoming children. An atmosphere of belonging existed, with intimacy, and facilitative sharing. A mini-culture with its own social order had developed.

01 Counseling. Thirty-four children joined the program, and an almost immediate drop in the level of development was noted. Most of these children did not know how to interact positively with others. Their needs were tremendous. The chaos ran high. The para-counselors were overwhelmed. Some children and paras could not withstand the stress; thus, within a few days, nine children, two youth counselors, and two senior counselors left.

Stress occurs in any program, especially during the first year. This was expected. This was a period of trial and error, adjustment, and growth. It was an evolutionary process of adaptation and creation, shaping the environment as well as the people involved. It was out of this apparent chaos of unloading and unleashing that self-choice and direction emerged. People were asked not just to quietly conform and obey, but to explore, to seek alternatives, and to risk.

The "us" family regressed during this counseling phase, at least at first. The project functioning returned to the second level when the children joined. The third level characteristics had not been stabilized. Ego-needs became predominant, along with mechanical interaction, need for security, testing of reality, and dreams rather than actualities. Some people operated on the first level, focusing on survival, need for trust, somnambulism, physiological concern, and potentially damaging relationships.

A few para-counselors and staff continued to grow, however, and they began modeling the third level characteristics again. They were the ones who usually reached out the most, played, touched, loved, and had a positive impact on the children. They kept the process alive and healthy while others struggled to return to a higher level of functioning. By the end of this phase, the family was vacillating between levels two and three. A social order had been established, security had developed, and a feeling of belonging prevailed. Nearly everyone wanted to return. Yet, mutual trust, successful impact, and normal facilitation had been sporadic. There was much left to do, and change was needed.

Year 02 Redesign-Preparation. The project had been an average project. It was weak in training, structure, and the overall development of people. Program growth was essential if an alternative model was to be created which would go beyond what already existed. A pull back from timelines and objectives was ordered, and feedback, discussion, brain-storming, and redesign were emphasized. The program service aspect shut down. A feedback questionnaire was designed and given to the children, paras, and staff. Management evaluation was obtained from the outside evaluation team. The research data was analyzed. Growth groups among the staff and young adult para-counselors were held in order to create a cohesive staff-team. Most people stayed, some left; those who stayed began rewriting the grant proposal. Six youth and six senior paras were asked to come back. They began searching for, interviewing, and selecting new trainees.

This phase was one of the most difficult for the project. It was difficult to abandon an accepted timeline in favor of an unproven redesign. Yet, such a radical departure, despite its momentary "unproductivity", was critical. The program had become blocked in growth and was stuck between levels. Like the national culture, the transition to level three was not progressing. People were seeking ways to communicate and be genuine within a relationship of mutual trust and belonging. They wanted to make a successful impact. They were trying to create a social system, identify with a larger process, make plans and follow through, combine parts and the whole, and facilitate others in their efforts to do so. Still, the transition was yet to come.

02 Training. Redesign continued through the training phase. The research effort was increased. New observation methods were developed. An extensive review of the counseling and prevention literature was started. New training methods that gave more structure and more responsibility to the para-counselors were employed. The philosophy and related developmental levels were clarified. Community contact increased.

The feedback had been essential to project growth. With this and the effort made by the returning para-counselors and staff, the transition was made. Change occurred, and somehow, somewhere along the line, the "us" family looked around and realized that they had really come together. For most people, third level development stabilized. In general, belonging, normal facilitation, love, part-whole combination, peer and role identification, mutual trust, industry, impact, and social order were observed characteristics. There were of course some fluctuations back to the second level, but most exciting, there were fluctuations toward the fourth level. People became concerned about individual rights and a code of ethics, synergy, world harmony, self-esteem, and potent facilitation.

02 Counseling. The test of the training was again the incoming children, all thirty-nine of them (some had returned from the previous year). As with the first year counseling, some people could not withstand the sudden surge of stress. Eight children, three youth, and three seniors left the project. Three new seniors also joined and an on-the-job training concept was started. The project now consisted of eight seniors, nine youth, six full-time staff, and thirty-one children (plus a few "friends" who joined later). With the departures, the project pulled together better. Everyone involved was there to do his or her best, and they did. The third level interaction held firm, and the fluctuations toward the fourth level increased.

The children adjusted to the program environment quickly. They dealt with their problems readily. The para-counselors reached out more. The staff acted as a resource and gave better support. The project became a family, with its problems and its joys. Identification and awareness increased. Successful impact and synergy happened, as did industry, mutual trust, sexual identity, and ego transcendence. Planning and rational thinking combined to provide solutions and alternatives. Love, belonging, and self-esteem strengthened. People communicated voluntarily, openly, and from the "heart".

People Process

The data collected by the research tests and questionnaires confirmed the developmental synthesis chart analysis. The results from the first year were minimal due to the lower growth level and poor interaction. The results from the second year showed significant overall positive changes in people, especially the children.

Year 01 Research Data. (A) The senior para-counselors showed no significant differences in the IPAT personality series on the pre/post tests (16PF); no significant differences in self-disclosure; no significant differences in drug knowledge. On a self-evaluation counselor questionnaire, they did evaluate their home life, behavior, confidence, and self-liking as better. All of the seniors wanted to return the next year. (B) The youth para-counselors showed no significant differences in the IPAT personality series (HSPQ), self-disclosure, and drug knowledge. They did report an increase in positive interactions at home, healthy behaviors, confidence, awareness, ability to relate to others, self-liking, and personal development. Seventy percent wanted to continue the next year. (C) The children showed significant ($p < .05$) differences in two factors on the IPAT (CPQ) personality pre/post series. There was an increase in ego strength (more emotionally mature, stable, and able to face reality), and a decrease in guilt proneness (less apprehensive, insecure, or troubled, and more self-assured and serene). The children reported a positive change in family and peer interpersonal relations and self-worth. Their parents reported that the children behaved slightly better at home, seemed happier, and appeared more confident. Ninety-four percent of the parents said they wanted their children to continue in the project.

Feedback from the children indicated: (a) both seniors and youth were liked, but the youth more for activities and the seniors for discussion, (b) liking was less dependent on age than on the individual counselor and how the counselor acted toward the child, (c) their favorite sports were gymnastics, karate, and basketball, (d) the favorite crafts and skills were leather, pottery, and photography, and (e) the favorite events were the coast trips, flying, hiking, and visits to the counselors' homes.

The only difference between youth and senior paras in effectiveness was that the parents whose children were paired with youth reported significantly more change in the children's happiness than did the parents whose children had been paired with seniors.

People: Year 02 Research Data-Children

Thirty-one children were researched, nine females and twenty-two males. The mean age was 11.5 years. About half of these children lived with both parents, the rest lived with one parent, a parent and friend, or grandparents. Fewer than half enjoyed school. Most of these children reported having problems at school or at home, and their teachers and parents agreed. A *Walker Problem Behavior Identification Checklist* was completed by the teachers of fifteen randomly selected "us" children shortly after the counseling phase began. Of the fifteen children selected, seven were reported to have significant scores to demonstrate problems in acting out, two for withdrawal, twelve were easily distracted, nine had disturbed peer relations, and seven were considered immature. Each "us" child in this randomly selected group had at least one behavioral problem significant enough to characterize him or her as disturbed, and ten had combined scores showing significant disturbance in overall behavior.

At the beginning of the counseling phase, a Normative Study Questionnaire (program designed) was completed by 344 5th and 6th graders (population control group), and by 25 "us" children. When analyzed, the data showed that the "us" children reported significantly ($p. < .05$) more problems and drug use, a significantly lower self-concept, more availability of drugs (non-significant), and the same amount of drug knowledge. In this questionnaire, the "us" children reported fewer parents living at home, more family problems, fewer friends, being a less important member in class, being less well behaved in school, and having smoked cigarettes and drunk coffee more often.

A Normative Study Questionnaire mid-test comparison between the control group and "us" children noted significantly higher drug usage by the "us" children, and a significantly lower self-image. Drug availability for both groups had increased and drug knowledge remained equal. Reported problems decreased for both groups, and the "us" children no longer displayed a significant difference in this category. This drop in problems for the "us" children pertained chiefly to school.

The NSQ post-test comparisons still showed significantly higher drug use in the "us" children. Drug availability for the "us" children was now also significantly higher than drug availability in the control group. Friends tended to be the greatest source of drug availability, and the "us" children reported having an increase in problems with friends. The "us" children's self-concept scores had increased, and there was now no significant difference between them and the population group. Drug knowledge remained the same.

A pre/post Piers-Harris Children's Self-Concept Scale was given to the "us" children. A significant increase in self concept scores was noted in those children paired with seniors. In total, six children out of the twenty-five tested scored significantly higher self-concept scores.

A Referral Behaviors Checklist (program designed) was completed at the beginning and the end of the counseling phase by parents, teachers, and counselors. The parents reported a significant decrease in problem behaviors of their children at home.

A Home and School Progress Report (program designed) was completed by the parents and teachers. The largest increases for both the home and school were in positive behaviors and interactions demonstrated by the children. At home, 90% of the children showed positive changes in behavior, and at school, 64% of the "us" children did likewise. At home, 67% of the "us" children were less disruptive, and 44% were less disruptive in school. Positive interactions increased by 87% at home, and by 48% at school. And at home, 70% of the children demonstrated more responsibility, while at school, 36% of the "us" children increased in responsibility.

A pre and post Adjective Checklist (program designed) was completed by the parents, teachers, and counselors at the same time they did the Referral Behavior Checklist. This Adjective Checklist measured the rater's "sentiment" toward the child. At the beginning of the program, the parents and counselors both felt slightly positive about the children. The teachers, in general, viewed the children negatively. At the end of the program, the counselors felt the same toward the child, and the teachers had increased from a negative to a slightly positive sentiment. Both the parents and teachers felt significantly more positive toward the children.

The Children's Personality Questionnaire was given to the "us" children at the start and finish of the counseling phase. Analysis of the data disclosed: (1) significant increases in the primary factors of intelligence (for those children paired with the youth counselors), excitability, dominance, enthusiasm, conscientiousness or superego, venturesomeness, self-reliance, zest and attention, confidence and adequacy, and ergic tension or high energy, (2) a significant increase in the secondary factor of extraversion, and (3) significant increases in factors predicting better academic performance in vocabulary, spelling, language arts, arithmetic, social studies, health, and science.

A pre/post Semantic Differential questionnaire was given to the children on five concepts: (1) I am, (2) My counselor is, (3) My family is, (4) The program is, and (5) My school is. A significant increase in positive attitude toward the family was noted. The highest post scores were given to the counselor, program, and family.

In a Self-Program Questionnaire, the children reported feeling more confident and better about who they were. They felt they behaved better; they liked their parents more; and an improvement in their families had been noticed. Their peers were easier to associate with, and they themselves had developed as people. Most parents agreed, reporting their child had increased in confidence and had developed as a person more than had been expected. Their child was behaving better, getting along with other children better, and related with the family more. The parents felt better about their children. Ninety-six percent of the parents said they would send their children to the "us" program again, and forty-one percent wanted parent groups. Ninety-three percent of the parents gave permission to continue longitudinal research.

The top six crafts and skills selected by the children were leather, pottery, video-tape, photography, woodworking, and darkroom. The favorite sports were swimming, karate, motorcycling, trampoline, basketball, and fishing. And the most liked outings were coast camping, flying, local day trips, backpacking, non-local day trips, and rafting.

Phenomenological and Behavioral Observations were made on each child in the program, as were case studies. Written comments from the parents were requested. Examples of these exist in the main body of the report.

Para-Counselor Research Data

IPAT personality series. The youth para-counselors showed significant increases in self-sufficiency and creativity, and significant decreases in ego and super-ego. The senior para-counselors demonstrated significant increases in leadership, and significant decreases in anxiety.

In comparing those counselors who left the program with those who stayed, it was noted that the youth who stayed had higher scores in intelligence and self-sufficiency, and a lower score in surgency or enthusiasm. They were able to adapt more easily to stress, learn faster, depend on their own resources more, make their own decisions, associate easier with older peers, and adjusted to the load of caring more. The seniors who stayed, scored higher in self-sufficiency and resourcefulness.

Senior versus Youth Effectiveness. No significant differences were found between the children paired with youth and those paired with seniors in the Children's Personality Questionnaire, Piers-Harris Self-Concept Scale, the Referral Behavior Checklist, Adjective Checklist, Home Progress Reports, Teacher Reports, Counselee Inventory of Counselors, Tentative Criteria for Selection, and Counselor Effectiveness Hierarchy. The children paired with seniors did rate the concept "family" significantly higher than did those paired with youth, and the senior children scored significantly higher on the Counselee Self-Program Questionnaire. The data favors the senior counselors, but there is not a large enough distinction to reject the null hypothesis, or confirm the original proposal hypothesis that senior para-counselors are more effective than youth para-counselors.

Most Effective versus Least Effective. As the children pointed out the first year, it is not the age that makes the difference in effectiveness. Of the first sixteen counselors on the Effectiveness Hierarchy list, eight were seniors and eight were youth, both groups with a mean score of 8.5. What mattered more than age was the total person, the level of personal development, and the willingness and ability of the counselor to continue in the growth process and help others do the same.

When comparing the top three senior para-counselors with the lowest ranked three seniors, the IPAT personality profile depicted substantial mean differences. The most effective seniors scored lower in ego, superego, and adventurousness, and higher in imagination, forthrightness, and spontaneity. The more effective seniors were affected more by the program stress because of their involvement; they were less rigid in moral concerns, less impulsive, and more careful and easy going around the children. They were also more trusting, genuine, gregarious, easily involved emotionally, spontaneous, natural, self-confident, cheerful, and given to simple action, while being less worried, anxious, and sensitive to rejection or disapproval.

The profile for the most effective youth para-counselors, when compared to the least effective, indicated higher intelligence, lower ego, higher independence and assertiveness, more seriousness and concern, more fatigue, more resourcefulness and self-sufficiency, and less control or preciseness in social interaction.

Combining the most effective youth and senior scores for comparison against the combined least effective youth and senior scores produced significantly higher scores for the most effective para-counselors in assertiveness, independence, sensitivity, unconventionality, gentleness, kindness, self-sufficiency, resourcefulness, and a preference for making their own decisions. The more effective counselors also scored significantly higher in creativity and self-direction.

Recommendations

The short term results from the two year project gave support to the concept of primary prevention and the use of para-professionals to help children with problem behaviors. In order to make any further conclusions concerning the prevention of drug abuse, a longitudinal follow-up project is needed. It is recommended for research purposes alone, that a five to ten year research program be funded to obtain data which is critically needed in this field.

At the same time, a primary prevention, para-professional, mental health program should be implemented in this community, offering low cost assistance to the schools, agencies, parents, and children. A team of professionals and para-professionals could be supported by the involved agencies if each agency would provide the funds necessary for hiring one person to work within a community wide primary prevention team. Using available school and agency resources, and providing complementary alternatives, this team could develop para-professional groups to work in the schools, nursing homes, and any agency concerned with maintaining healthy development. Parents, teachers, peers, seniors, businessmen, and anyone else could be trained in para-counseling, offering a positive way to improve self and to learn how to help others do the same. Local agencies having difficulties in research or in creating positive alternatives could contact the team for consultation service.

A shift in problem solving approaches on both the local and national scenes is recommended. The band-aid "solution" of covering up the problem after it develops is not working. Primary prevention has too long been ignored as a valid method for helping others. To be effective, however, it must become a major effort, combining research and counseling. It must be supported with funds and a unified community and national effort. A transition must occur, from level-two functioning toward level-three fulfillment. The larger environment must focus on the developmental levels of healthy growth rather than coping and crisis. The transformation demanded is radical, and it is massive in scope. But, as the "us" project has shown, it can be done.

APPENDIX

ADJECTIVE CHECKLIST

DIRECTIONS: Place a check mark within the set of parentheses at the point on each scale which most accurately describes your evaluation of your child. For example, scale number one is optimistic versus pessimistic. If you see your child as very optimistic, you would put a checkmark in the set of parentheses under "3" right next to the word, "optimistic". If you see your child as being in between, optimistic and pessimistic, you would put a checkmark under the "0".

	3	2	1	0	1	2	3	
Optimistic	( )	( )	( )	( )	( )	( )	( )	Pessimistic
Helping	( )	( )	( )	( )	( )	( )	( )	Not Helping
Fluctuating	( )	( )	( )	( )	( )	( )	( )	Stable
Ineffective	( )	( )	( )	( )	( )	( )	( )	Effective
Interesting	( )	( )	( )	( )	( )	( )	( )	Boring
Bored	( )	( )	( )	( )	( )	( )	( )	Interested
Dominant	( )	( )	( )	( )	( )	( )	( )	Submissive
Intoverted	( )	( )	( )	( )	( )	( )	( )	Extraverted
Fearful	( )	( )	( )	( )	( )	( )	( )	Not Fearful
Responsive	( )	( )	( )	( )	( )	( )	( )	Aloof
Sociable	( )	( )	( )	( )	( )	( )	( )	Unsociable
Withdrawn	( )	( )	( )	( )	( )	( )	( )	Participating
Adult-like	( )	( )	( )	( )	( )	( )	( )	Infantile
Adventurous	( )	( )	( )	( )	( )	( )	( )	Timid
Independent	( )	( )	( )	( )	( )	( )	( )	Dependent
Strong-willed	( )	( )	( )	( )	( )	( )	( )	Weak-willed
Clinging	( )	( )	( )	( )	( )	( )	( )	Not Clinging
Controlled	( )	( )	( )	( )	( )	( )	( )	Self Sufficient
Relies on Others	( )	( )	( )	( )	( )	( )	( )	Self Reliant
Cooperative	( )	( )	( )	( )	( )	( )	( )	Obstructive
Easily Disciplined	( )	( )	( )	( )	( )	( )	( )	Difficult to Discipline
Excitable	( )	( )	( )	( )	( )	( )	( )	Calm
Impatient	( )	( )	( )	( )	( )	( )	( )	Patient
Irritable	( )	( )	( )	( )	( )	( )	( )	Easy-going
Obedient	( )	( )	( )	( )	( )	( )	( )	Disobedient
Prone to Anger	( )	( )	( )	( )	( )	( )	( )	Not Prone to Anger
Warm	( )	( )	( )	( )	( )	( )	( )	Cold
Self-centered	( )	( )	( )	( )	( )	( )	( )	Outgoing
Happy	( )	( )	( )	( )	( )	( )	( )	Depressed
Loving	( )	( )	( )	( )	( )	( )	( )	Not Loving
Neat	( )	( )	( )	( )	( )	( )	( )	Disorderly
Disorganized	( )	( )	( )	( )	( )	( )	( )	Organized
Responsible	( )	( )	( )	( )	( )	( )	( )	Irresponsible
Tense	( )	( )	( )	( )	( )	( )	( )	Relaxed
Trusting	( )	( )	( )	( )	( )	( )	( )	Distrusting

CHILD'S NAME: ______________________

PARENT'S NAME: ______________________

BEHAVIORAL OBSERVATION MANUAL (Summary)

Behavioral data on the counselors and counselees is taken weekly. Data collected on each observed person shall be for four minutes, from two, two minute observation periods. Each counselor and counselee shall be randomly observed twice during the observation day. Several indices will be observed. This method of behavioral observation is based on the assumption that the four minutes of observed behavior is a random and accurate representation.

Counselors

The behaviors being observed from counselors are those relating to counseling and communication skills. The following behaviors will be observed:

Positive Interactions may be of two types, verbal or physical. A verbal positive is recorded when a counselor makes a verbal approval of some aspect of the counselee's behavior, appearance, or work. A physical positive is recorded whenever a counselor touches a child in a friendly or affectionate manner.

Negative Interactions will be predominantly verbal. If any negative physical interactions are observed, they should be written as a special comment for case study conference and immediate feedback given. A verbal negative is a verbal punishment or negative reinforcement. This may be an expression of disapproval about the child's behavior, appearance, or work. Threatening commands, humiliation, and malicious teasing are all verbal negatives. Also marked as verbal negatives are counselor remarks that are neutral in word content, but of a tone which demonstrates disapproval and tends to cut off further communication.

On-Off Task behavior is recorded at ten-second intervals (counted by a tape-recorder), and is defined by the counselor attending (or not) to the counselee. The counselor must be in physical proximity to the counselee to be on task, working with, talking to, or observing the child. If the counselor is in the same room as the child but is talking to other counselors, looking out the window, or unresponsive to the child, he is off task. This classification of behavior is decided by which mode the majority of each ten-second period is spent.

Counselees

Approach Behaviors are to be noted when a counselee elicits the attention, assistance, or approval of the counselor.

Target Behavior is the main problem behavior as specified by the referral source. This behavior is idiosyncratic and cannot be totally delineated in a manual. Two common target behaviors are: (1) aggressive behaviors, usually a physical negative, including biting, kicking, slapping, spanking, taking an object roughly away from another person, teasing, humiliation, and destructiveness, and (2) dependency behaviors, when the child requests assistance in a task he is capable of doing, manipulates others to do work for him or make decisions, or whines.

Behavior Classifications break the two-minute observation period into ten-second segments, classify each segment according to the mode of behavior most used in that period. The classifications are: (1) maladaptive, including behaviors that disrupt, hurt, destroy, annoy, prevent others from participating in the milieu activities, or humiliate, and are specifically behaviors such as disruptive running and jumping, biting, shoving, pinching, crying, screaming, and teasing, (2) adaptive, including behaviors that show approval, attention, compliance to a request, laughter, non-verbal interaction, physical positives, or behaviors that help the milieu move toward completion of an activity, and (3) neutral, including non-deviant, non-social, non-participating behaviors which do not fit in either of the other two categories.

BUDGET PROPOSAL

Program Director	Part Time	1,500		
Project Coordinator	Full	13,500		
Office Manager/Sec.	Full	6,000		
Bookkeeper	Half	2,640		
Psychiatric Soc. Wrkr.	Half	6,000	(01)	(02)
Consultant Costs		29,640x15% fringe	34,086	(35,790)
Equipment (Office)			9,500	(9,500)
Supplies			1,300	(500)
Staff Travel			2,050	(2,550)
Rent			3,000	(3,000)
Utilities & Phone		2,400		
Insurance		1,260		
Audit		120		
Janitor		250		
		240		
Stipend: Para-Professionals @ 200 per month		4,270	4,270	(4,270)
Trainee Travel			48,000	(60,000)
			4,800	(6,000)
TOTAL			107,006	121,110

COUNSELEE'S INVENTORY OF COUNSELOR

The statements below refer to the way you feel about your counselor and the way your counselor acts around you. Your counselor will never see this, so please answer truthfully. Answer by putting a number, 1 through 5 (which are explained below), in the blank in front of the statements.

5 = always, 4 = usually, 3 = sometimes, 2 = seldom, 1 = never

1. ____ My counselor levels with me.
2. ____ My counselor gets the drift of what I am trying to say.
3. ____ My counselor interrupts or ignores my comments.
4. ____ My counselor accepts me for what I am.
5. ____ My counselor feels free to let me know when I bug him/her.
6. ____ My counselor does not understand things I say or do.
7. ____ My counselor is interested in me.
8. ____ My counselor lets me be myself.
9. ____ My counselor keeps things to himself/herself to spare my feelings.
10. ____ My counselor sees what kind of person I really am.
11. ____ My counselor includes me in what's going on.
12. ____ My counselor acts judgmental with me.
13. ____ My counselor is completely frank with me.
14. ____ My counselor notices when something is bothering me.
15. ____ My counselor respects me as a person, apart from my skills or status.
16. ____ My counselor ridicules me or disapproves if I show similarities.

YOUR NAME ______________________________

YOUR COUNSELOR'S NAME ______________________________

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* Questions: 1, 5, 9, 13 provide a genuine score; 2, 6, 10, 14 an understanding score; 3, 7, 11, 15 a valuing score; and 4, 8, 12, 16 an acceptance score.

Questions: 3, 6, 9, 16 are point reversals and should be subtracted or inverted on the scale.

YEAR 01 - FEEDBACK QUESTIONNAIRE RESULTS

	Senior	Youth	Young Adult	Total
Yes Answers Percentage:	%	%	%	%
1. Was it hard to talk openly with your counselee?	17	30	--	25
2. Should the age requirement for the Youth Counselors be older?	33	40	83	57
3. Should the age limitation for Senior Counselors be younger?	67	20	0	21
4. Should physical handicaps and limitations be a factor for counselor selection?	33	50	50	46
5. Should sex be a factor in pairing counselees?	0	40	50	36
6. Do you feel you have increased in awareness of:				
a. feelings for others?	100	90	100	96
b. other people's problems and how to deal with them?	100	90	100	96
c. yourself and your problems?	100	90	100	96
d. ways of solving problems?	100	100	100	100
7. Did you feel your counselee really opened up to you?	100	60	--	75
8. Did your personal problems interfere with the project?	17	0	33	18
9. Were there features of the program that made age differences not as important?	83	60	100	82
10. Was your job fully understood?	67	40	25	39
11. Would you like more meetings with fellow counselors?	83	60	100	82
12. Did you find contact with your counselee's parents helpful?	67	50	42	50
13. Did you discuss with your counselee his relationship with:				
a. parents?	100	80	--	88
b. siblings?	83	70	--	75
c. outside friends?	0	90	--	56
d. other counselees?	50	60	--	56
e. teachers?	0	70	--	44

		Senior	Youth	Young Adult	Total
	Yes Answers Percentage:	%	%	%	%
14.	Did you discuss problems you were having with your counselees with the staff?	83	80	--	81
15.	If you were planning the program would you use a contract?	67	70	83	75
16.	Did you feel physically comfortable and capable with the counselees?	100	100	92	96
17.	Did you reach a point of ease in human interaction with the counselees, rapping without roles?	83	90	92	89
18.	Were sexual questions ever posed by the counselees?	50	40	75	54
19.	Was training adequate for the job required?	67	60	0	36
20.	Would you have wanted continued training after pairing with the counselees?	83	60	92	79
21.	Would you have wanted direct supervision after pairing?	50	20	0	18
22.	Would you like a more structured program?	67	60	83	71
23.	Was staff available to you when needed?	50	20	75	46
24.	Have you met with your counselee on your own effort since the end of the program?	17	50	--	38
25.	Have any of your friends expressed interest in working with "us"?	83	90	83	85
26.	Did you receive enough feedback?	33	50	33	39
27.	Do you feel you would reach out and help others easier and more because of this program?	66	100	100	93
28.	Were drug questions ever posed by the counselees?	50	20	75	50

	Yes Answers Percentage:	Senior %	Youth %	Young Adult %	Total %
29.	Were there personal conflicts in your age group which hindered counseling?	50	30	42	39
30.	Did your counselee call you outside the program?	33	50	--	44
31.	Do you feel the program let you down?	17	10	42	25
32.	Are there counseling techniques you wish you were more familiar with?	83	60	75	71
33.	Were there undercurrents in the program that made you uncomfortable?	83	50	100	79
34.	Did you resolve any of your own personal problems during the program?	67	90	83	82
35.	Were there fellow counselors in the program you think shouldn't have been?	50	50	83	64
36.	Do you feel you could have been helped more in being prepared as a counselor?	83	30	50	50
37.	Do you think more types of activities should be offered in the program?	50	70	75	68
38.	Do you feel you were committed to this program and working with people?	100	100	100	100
39.	Did you make contact with the child's family?	50	70	42	46
40.	Did you meet with your counselees outside the program hours?	50	50	--	50
41.	Was there an age difference or similarity problem?	50	20	50	39
42.	Did the program interfere with home and friend activities?	33	60	75	57
43.	Did you "grow" through the program?	100	100	100	100

Yes Answers Percentage:	Senior %	Youth %	Young Adult %	Total %
44. Did you feel your capabilties were properly used?	50	100	50	68
45. Did you notice positive changes in counselee behavior since the program?	83	90	100	89
46. Did you feel counselees were exposed to any negative/non-healthy habits through contact with counselors?	50	90	83	79
47. Did you reach out and touch, hug, or physically show love to the children?	100	70	92	86
48. Did your counselee touch, hug, or physically show love to you?	33	50	92	64

HOME AND SCHOOL PROGRESS REPORT

CHILD'S NAME ______________________________

1. Have you noticed any positive changes in the child's behavior since joining the "us" program?

   Yes ______ No ______

2. Have you noticed any negative changes in the child's behavior since joining the "us" program?

   Yes ______ No ______

3. Has the child been showing MORE, THE SAME, or LESS (circle one) disruptive behaviors since joining the "us" program?

4. Has the child been showing MORE, THE SAME, or LESS (circle one) responsibility around home/school since joining the "us" program?

5. Has the child been showing MORE, THE SAME, or LESS (circle one) positive interactions (for example, smiling, touching, encouraging, good vibes) since joining the "us" program?

PLEASE GIVE US FEEDBACK REGARDING THE CHILD'S PARTICIPATION IN THE PROGRAM:

NORMATIVE STUDY QUESTIONNAIRE DATA

	us % Pre	School %	us % Post
1. I am a happy person. (c)	92	97	94
2. I give up easily. (c)	17	11	16
3. Both my parents live at home. (p)	72	81	68
4. I am an important member of my class. (c)	33	53	32
5. I worry a lot. (c)	22	35	19
6. Filters make cigarettes safe. (k)	17	20	16
7. My best friends sometimes smoke cigarettes. (a)	19	13	36
8. I sometimes smoke cigarettes. (u)	14	8	19
9. I may smoke cigarettes sometime in the next year. (u)	17	7	29
10. Drinking coffee makes it easier to go to sleep. (k)	8	17	6
11. I sometimes drink coffee. (u)	64	44	65
12. There is alcohol (wine, beer, whiskey) around my house. (a)	56	64	61
13. I sometimes drink wine or beer with dinner. (u)	25	19	23
14. I have been drunk. (u)	28	13	29
15. Some of my friends have been drunk. (a)	42	33	61
16. Marijuana (pot, grass) comes from a plant. (k)	92	88	94
17. I know of some people my age who have tried marijuana. (a)	28	24	48
18. I have tried marijuana. (u)	14	4	26
19. At this time I am taking drugs on doctor's orders. (u)	19	19	29
20. Amphetamines are nicknamed "speed" because they give quick pain relief. (k)	30	31	36
21. I know of some people who have taken speed. (a)	28	13	42
22. Barbiturates are sometimes called pep-pills. (k)	58	56	74
23. Some people I know have taken goof-balls (reds, downers). (a)	22	10	19
24. I like being the way I am. (c)	72	91	94
25. I am a leader in games and sports. (c)	36	40	26
26. I have many friends. (c)	64	87	68
27. I am different from other people. (c)	67	75	74
28. I have good ideas. (c)	80	81	81
29. When I grow up, I will be an important person. (c)	61	71	58
30. I cause trouble to my family. (c)	19	20	36
31. I am well behaved in school. (c)	58	82	58
32. I have some problems in may family. (p)	47	37	52
33. I have some problems in school. (p)	78	47	61
34. I have some problems with friendships. (p)	39	38	48

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c = self concept; p = problems; k = knowledge; u = use; a = availability

OUTINGS LIST -- SUMMER ACTIVITIES

31 May	Rogue River Rafting: Two large rafts take the tour of the Rogue River via the rapids from Shady Cove to Dodge Bridge. This is strictly for those who passed their swimming tests with ease.
	Fishing Trip to Agate Lake: for those who don't want the excitement of the rapids but would like to get near the water and do some fishing.
1 June	Rogue River Rafting: repeat of the May 31st trip for the Sunday milieu.
	Motor Tour of Shale City: for those who don't want or can't go on the raft trip. Shale City is a ghost town -- Oregon's big land development rip-off.
10 June	Lava Beds & Ice Caves: a bus trip to Lake View over the Greensprings stopping to explore Captain Jack's Stronghold where the Modoc Indians fell to the American soldiers, the Lava Beds and Caves, and the Ice Caves.
11 June	Flying: a brief aerial view of the Rogue Valley in a small plane--enough room at one time for one counselor and two counselees.
13-14 June	Happy Camp: an overnight camping trip near Happy Camp on a tributary stream of the Klamath River in Northern California. The whole Sunday milieu will hopefully be there. A side trip to a high mountain lake called Kelly Lake. Lots of hiking and swimming.
16-17 June	Howard Prairie Lake: This is the trip the Saturday milieu fishermen asked for. An overnight camping trip to the lake. There will be a raft and some small boating lessons. A trip to the dam for those who want to go.
20 June	Table Rock: on top of the flat rock mountain where the Indians plunged to their deaths, possibly meet some buffalo. We'll take a swim at Tou Velle Park. Motorcycle ride on top of the mountain.
23-27 June	Rogue River Trail: a back-packing trip for ten counselors and counselees. 40 miles of rugged wilderness trail--for those hardy people of the program.
27 June	Rogue River Trail Day Trip: counselors and counselees can spend a day on the Rogue River Trail and meet the tired hardy group on their way out.
30 June - 2 July	Coast Trip: to the Oregon coast for three days and two nights. A stop at the Smith River on the way for a great swim at a great swimming hole.

OUTINGS LIST -- SUMMER ACTIVITIES

7-9 July	Coast Trip: for the Sunday milieu this time. To Harris Beach with stops on the way there and back at the great Smith River swimming hole.
11 July	Lake of the Woods: a day of hiking and swimming at this large mountain lake.
15 July	Mt. McLaughlin: a long day's climb to the top of this huge mountain. Bring your lunch to eat at the top--if you make it all the way. Beware of the snow banks. A serious challenge of a climb.
17 July	Applegate River: an awareness day devoted to learning about the environment you live in. A professional painter and his family will share their home with you for a day. Afterwards swimming for a hot day. Pan for gold.
22-24 July	Sky Lakes Basin: one of Southern Oregon's finest wilderness areas. Access to several mountain lakes and their clear streams. This as a back-pack trip for those who couldn't make the difficult Rogue River Trail but who like to hike and swim away from the crowds.
28 July	Smith River: a day trip for all those who want to go swimming and hiking. A beautiful spot for a long day. Everybody's favorite.
30 July	A Day Trip: this one hasn't been determined yet--everyone who wants to go somewhere for a day gets to help decide where to go. Come with some good ideas.
1 August	Flying: repeat of the June 11th Flying Trip for those who didn't get to go but want to.
4 August	Rogue Gallery Art Show and Reception: by now all of you must know that we have a famous artist in our family. She will be displaying her fabric hangings and weavings. Afterwards there is a reception. For all of you who will be here, go and give her lots of moral support and encouragement.
4-5 August & 7-8 August	Back to the Coast: the earlier coast trips were so successful in bringing everyone together for a beautiful experience that we are repeating two more trips to different areas.
11 August	Mill Creek Falls: a rock-jumping hike up a rushing river to a fine swimming hole. Another long day.
13-15 August	Katydid: this is a required trip for everyone. Our final event of the program. Reflection of experiences in the program and individual sharing of growth changes. A lot of open discussion. Side trips scheduled.

PERSONALITY FACTORS FOR THE CPQ, HSPQ, 16 PF.*

A+: Warmhearted, outgoing, participating, cooperating, attentive to people, casual, trustful, affect-feeling, developed, natural joiner.

A-: Reserved, detached, critical, aloof, objective, precise, distrustful, skeptical, rigid, cold, flatness of mood, prefers things over people, intellectual.

B+: High general mental ability, insightful, learns fast, adaptable, better judgment, higher morale, persevering.

B-: Dull, low mental capacity, abstract inability, less organized, poorer judgment, lower morale, quits.

C+: Emotionally stable, mature, face reality, calm, constant, adjusts to facts, unruffled, better morale, leaders.

C-: Affected by feelings, emotionally less stable, easily hurt, changeable, emotional when frustrated, easily perturbed, gives up, evasive of responsibility, worrying, unable to cope, fatigued or under stress.

D+: Excitable, impatient, demanding, unrestrained, overactive, attention getting, jealous, egotistical-self assertive, nervous, distractable, irresponsible, insecure.

D-: Undemonstrative, deliberate, inactive, stoical, complacent, self effacing, not restless.

E+: Assertive, aggressive, competitive, stubborn, independent, hostile, unconventional, rebellious, dominant, headstrong.

E-: Submissive, obedient, mild, accommodating, considerate, expressive, diplomatic, conventional, humble, follower.

F+: Enthusiastic, happy-go-lucky, talkative, cheerful, quick, alert, creative, open environment background, reflects the group.

F-: Sober, serious, silent, introspective, full of cares, concerned, inner values, uncommunicative, cautious, "load of caring."

G+: Conscientious, persistent, moralistic, persevering, responsible, disciplined, duty, moral rules.

G-: Disregards rules, expedient, quitting, self-indulgent, indolent, undependable, disregards obligations.

H+: Adventurous, socially bold, active, interested in opposite sex, genial, friendly, impulsive, artistic.

H-: Shy, timid, restrained, withdrawn, threat sensitive, cautious, rule bound, restricted interests, inferiority.

I+: Tender minded, sensitive, dependent, overprotective, expects attention, insecure, clinging, gentle, kind, artistic, imaginative, intuitive.

I-: Tough minded, rejects illusions, expects little, unsentimental, responsible, self-reliant, practical, logical, keeps to the point, generates group solidarity.

J+: Individualism, reflective, guarded, obstructive, fatigued, cold.

J-: Zestful, group action input, attention, puts personality into groups, vigorous, accepts common standards.

L+: Suspecting, jealous, dogmatic, suspicious of interference, frustrated, irritable, projects inner tensions, tyrannical, over corrects people.

L-: Trusting, accepting, personal unimportance accepted, changeable, ready to forgive, tolerant, permissive, understanding, lack of ambition.

M+: Imaginative, bohemian, absent minded, unconventional, absorbed in ideas, interested in art-theory, inner creativity, enthused, subjective, swayed from judgment.

M-: Practical, down-to-earth, conventional, prosaic, avoids the far fetched, objective, dependable, concerned, steady.

PERSONALITY FACTORS FOR THE CPQ, HSPQ, 16 PF.*

N+: Astute, worldly, socially aware, exact, detached, artful, insightful, ambitious, insecure, intelligence, cuts corners, group leader.

N-: Forthright, unpretentious, genuine, vague, gregarious, warm, natural, spontaneous, lacks self-insight, non-analyzing, content.

O+: Apprehensive, insecure, worrying troubled, depressed, needs approval, fussy, inadequate, lonely.

O-: Self-assured, complacent, confident, chearful, placid, expedient, insensitive, doesn't care, no fears, active, acting out.

Q_1+: Experimenting, liberal, analytical, free thinking, well informed, experimental, questioning.

Q_1-: Conservative, traditional, respects established ideas, less challenging or questioning.

Q_2+: Self sufficient, resourceful, prefers own decisions, associates with older friends.

Q_2-: Group dependent, joiner, sound follower.

Q_3+: Controlled, will power, socially precise, compulsive, follows self-image, effective leader, fits in.

Q_3-: Uncontrolled, lax, follows own urges, careless of social rules.

Q_4+: Tense, frustrated, driven, fretful, high ergic tension, high energy.

Q_4-: Relaxed, tranquil, composed.

(* Taken from IPAT Handbooks.)

PHENOMENOLOGICAL OBSERVATION -- EXAMPLE.

Based on being involved in the process, examining and discussing their feelings, thoughts, and perceptions, and yours. It is not simply a behavioral observation made by someone who is an outside watcher. Try to describe the set and setting (mental state of the person and physical environment), the activities, the reactions/actions, and most importantly the vibes. Examine how you feel, how you act and how these affect the other person.

Capture only key moments which emerge from the process--relating these as expressions of the person concerning what is happening. Don't relate or use endless space giving bare bahavioral data. See the human aspect, not the mechanical.

Pretend you are writing in your diary for later years. How would you relate what happened so you can catch the mood and memory by reading your entry later? Use analogies, examples, methphors, or any other clarification methods. Write it as soon as possible, after it happens, but don't stop the process to write. Stay involved, in touch, and later put it on paper.

Write a story about a life: a person you are beginning to know; a story about someone you care about.

Example: Tuesday Night Meeting.

Set: Soul searching, low to high mood shift, eye searching, scattered, holding back feelings, reaching out for strength, challenged to regain energy, relieved feelings, more positive understanding of love.

Setting: Insiders now outsiders, purging, crack in structure, outside threat, questioning of self and group, outside negative energy.

Phenomenological Writing: Tonight the "us" group discussed the recent change in staff and the loss of a senior counselor. The set was one of questioning, self and group soul searching. The mood started low and the sharing was hesitant and scattered. There was a feeling of hurting common to many and a need to reach out. As the discussion continued around this feeling of powerlessness and weakness against the seemingly endless odds produced by an almost static culture or society, a change of "us" energy began. People risked, invested, reached out, bridged the gap, pulled themselves upward and focused on the positive (transcended the negative). From it all came a deeper feeling and understanding about the concept of loving and compassion. The group feels stronger, relieved that the issue was met and worked through.

REFERRAL BEHAVIORS CHECKLIST

INSTRUCTIONS: The following list consists of behaviors that are often problems in homes and schools. Behind each behavior, please mark what extent it has been a problem.

	Never	Seldom	Occasionally	Often	Very Frequently
1. Aggressiveness	( )	( )	( )	( )	( )
2. Arguing	( )	( )	( )	( )	( )
3. Bed-wetting	( )	( )	( )	( )	( )
4. Complaining	( )	( )	( )	( )	( )
5. Crying	( )	( )	( )	( )	( )
6. Defiance	( )	( )	( )	( )	( )
7. Destructiveness	( )	( )	( )	( )	( )
8. Fearfulness (unreasonable)	( )	( )	( )	( )	( )
9. Fighting with sibs	( )	( )	( )	( )	( )
10. Hitting others	( )	( )	( )	( )	( )
11. Hyperactiveness	( )	( )	( )	( )	( )
12. Irritableness	( )	( )	( )	( )	( )
13. Lying	( )	( )	( )	( )	( )
14. Negativism	( )	( )	( )	( )	( )
15. Non-complying	( )	( )	( )	( )	( )
16. Pouting	( )	( )	( )	( )	( )
17. Running away	( )	( )	( )	( )	( )
18. Sadness/Unhappiness	( )	( )	( )	( )	( )
19. Stealing	( )	( )	( )	( )	( )
20. Teasing	( )	( )	( )	( )	( )
21 Temper tantrums	( )	( )	( )	( )	( )
22. Threatening	( )	( )	( )	( )	( )
23. Whining	( )	( )	( )	( )	( )
24. Yelling	( )	( )	( )	( )	( )
25. Secretiveness	( )	( )	( )	( )	( )
26. Truancy	( )	( )	( )	( )	( )
27. Feelings easily hurt	( )	( )	( )	( )	( )
28. Chronic anxiety	( )	( )	( )	( )	( )
29. Inability to relax	( )	( )	( )	( )	( )
30. Self-consciousness	( )	( )	( )	( )	( )
31. Inferiority feelings	( )	( )	( )	( )	( )
32. Shyness/ Bashfulness	( )	( )	( )	( )	( )
33. Social withdrawal	( )	( )	( )	( )	( )
34. Easily flustered	( )	( )	( )	( )	( )
35. Smoking	( )	( )	( )	( )	( )
36. Drug use	( )	( )	( )	( )	( )
37. Alcohol use	( )	( )	( )	( )	( )
38. Poor personal hygiene	( )	( )	( )	( )	( )
39. Sexual misconduct	( )	( )	( )	( )	( )
40. Excessive daydreams	( )	( )	( )	( )	( )
41. Learning disabilities	( )	( )	( )	( )	( )

SEMANTIC DIFFERENTIAL

_______(CONCEPT)_______

1.	NOISY	____	____	____	____	____	QUIET	(A)
2.	HOT	____	____	____	____	____	COLD	(E)
3.	DULL-MINDED	____	____	____	____	____	SMART	(P)
4.	HAPPY	____	____	____	____	____	SAD	(E)
5.	HARD	____	____	____	____	____	EASY	(P)
6.	TRUSTING	____	____	____	____	____	DISTRUSTING	(E)
7.	SLOW	____	____	____	____	____	FAST	(A)
8.	ACTIVE	____	____	____	____	____	NOT ACTIVE	(A)
9.	INTERESTING	____	____	____	____	____	BORING	(A)
10.	ANGRY	____	____	____	____	____	NOT ANGRY	(E)
11.	LOVING	____	____	____	____	____	NOT LOVING	(P)
12.	IMPATIENT	____	____	____	____	____	PATIENT	(A)
13.	NEAT	____	____	____	____	____	MESSY	(E)
14.	ADULT-LIKE	____	____	____	____	____	CHILD-LIKE	(P)
15.	FEARFUL	____	____	____	____	____	NOT FEARFUL	(P)
16.	GOOD	____	____	____	____	____	BAD	(E)
17.	STRONG	____	____	____	____	____	WEAK	(P)
18.	NOT HELPING	____	____	____	____	____	HELPING	(A)

NAME ______________________________

DATE ______________________________

SOCIOGRAM

(1) If you were troubled who would you pick to talk with?

(2) Who would you pick to help form a social event (party)?

(3) If you were to form a corporation, who would you pick as a leader?

(4) In this corporation, who would you pick as Public Relations Person?

(5) If you wanted to share a moment of "self" to "self", with complete disclosure and trust, who would you choose?

(6) Who do you feel the most comfortable with?

(7) Who comes across, in your perception, as being the most "real" (honestly, openly, no games, human being)?

(8) If you had a ten year old problem child needing love, friendship, and someone to care for and communicate with, who would you choose?

(9) Who would you choose as a friend?

(Questions 1, 5, 6, 7, 8, 9 were considered relevant and therefore scored. Questions 2, 3, and 4 were "dummy questions".)

TENTATIVE CRITERIA FOR SELECTION

Please complete a sheet on each para-counselor (applicant). Score each item on a basis of 1 (low) to 7 (high).

A. Self-acceptance	1	2	3	4	5	6	7
B. Self-congruence or genuineness	1	2	3	4	5	6	7
C. Seriousness of intent	1	2	3	4	5	6	7
D. Sensitivity to people's problems	1	2	3	4	5	6	7
E. Ability to communicate with a wide range of people	1	2	3	4	5	6	7
F. Awareness of personal biases	1	2	3	4	5	6	7
G. Lack of conflicting interests	1	2	3	4	5	6	7
H. Ability to listen	1	2	3	4	5	6	7
I. Willingness to get involved	1	2	3	4	5	6	7
J. Willingness to do what needs to be done	1	2	3	4	5	6	7
K. Openness to learning	1	2	3	4	5	6	7

TOTAL SCORE ____________

TIME LINES -- PROPOSED.

December 1, 1973	Program Director hired.
January 1, 1974	Staff selection.
February 1, 1974	First Year designed.
February 15, 1974	Program in community. Para-counselors selected.
February 18, 1974	Training starts, pre-testing paras.
May 15, 1974	Mid-testing paras.
June 1, 1974	Establish program milieus. Selection of 5th and 6th graders. Counseling begins. Pre-testing of children.
August 15, 1974	Post-testing paras and children. Counseling ends.
September 30, 1974	Analysis of data complete.
October 15, 1974	Staff and Consultant selection.
November 1, 1974	Selection of para-counselors. Pre-testing, training starts.
November 30, 1974	Grant update & redesign completed.
December 30, 1974	Re-establish program in community.
January 1, 1975	Establish program milieus. Selection of 5th and 6th graders starts. Pre-test parents and schools.
February 1, 1975	Mid-test paras, training complete. Pairing, counseling begins. Pre-test children.
August 15, 1975	Post-testing paras and children.
September 30, 1975	Analysis of data-evaluation.

TRAINING LEVELS AND OBJECTIVES: YEAR 02

The training objectives are organized into five different levels: (1) Knowledge, (2) Comprehension, (3) Application, (4) Analysis, and (5) Synthesis and Evaluation. These levels concern such areas as group synergy, counseling competencies, research and paper work, skills, crafts, and general knowledge.

In order to reach a point of being paired with a 5th or 6th grader, you will need to fulfill the objectives listed in Levels I, II, and III. You do not need to spend any selected amount of time on each level. When you feel you are ready to move from Level I or any other level, submit documentation to the staff stating your reasons. Your request will be evaluated and a level testing/observation procedure will be started with you.

There is a lot to learn and you will have to help each other in many of these areas. Become aware of how others are doing, the levels they are operating on, and ways in which you could help them, such as feedback.

Helping in training will become a major part of your learning and demonstration of Level III or more attainment.

Level I: Knowledge

Knowledge: A counselor knows and can recall basic information about counseling, research or data collection, and behavioral-social learning, and:

1. Attends regularly most training sessions (allowed to miss 5 hours/month).
2. Attends groups, observes, answers when questioned, follows group procedures, shows interest, learns basic body language, and does required activities and experiences.
3. One-to-one, will share when approached.
4. Has read over training material on levels and attends all didactic instruction (or learns what was missed).
5. Listens to didactic information and can answer objective questions, reads literature around program house.
6. Makes a behavioral "self" contract.
7. Learns basics of skills or crafts when at training sessions.
8. Begins learning counseling techniques by modeling and role playing. Makes attempts at copying counseling behavior under supervision, given feedback.
9. Learns to set up video equipment and record basics.
10. Does journal, tests, questionnaires and hands them in when asked.
11. Shows basic responsibility for program resources and rights for others. Does work when asked.

Level II: Comprehension

Comprehension: The counselor is able to grasp meaning and show understanding, and is able to fulfill all Level I functions plus:

1. Attends regularly (allowed to miss 3 hours/month).

2. Normally contributes some input or feedback to the group and others. Listens and can reflectively repeat the message of another. Helps others remain involved in activities and experiences.

3. One-to-one, begins to reach out toward others (of all ages) to share and communicate with. (Makes the initial contact.)

4. Is able to express verbally or in writing the basic concepts of the training levels and is able to identify the level of operation of "self" and others during role playing or actual counseling situations.

5. Listens and asks questions about didactic information and can answer essay questions. Begins reading counseling literature outside program.

6. Graphs behavioral management plan for "self", evaluates the contract fulfillment, and understands basic principles of reinforcement.

7. Learns one craft and/or skill enough to continue learning alone. Asks questions when needed. Can teach basics of this craft/skill.

8. Knows and can explain counseling methods or techniques, giving examples in role playing situations (e.g. behavioral contracting, Gestalt, reflection, etc.). Counseling behavior established when required (empathy, genuineness, listening with positive regard, and respect-caring) under supervision.

9. Can make a phenomenological observation over a short period of action.

10. Can design a role-playing situation, record it on video, and play it back.

11. Has done a satisfactory case study. Hands in journals bi-weekly--on time. Expresses feelings in journal as well as thought. Does all required paper work when asked.

12. Shares spontaneously in program resource upkeep and respect for the rights of others. Has read the basic guidelines and ethics for counselors.

Level III: Application

Application: The counselor can use or apply knowledge learned ("I hear and I forget, I see and I remember, I do and I understand."). Levels I and II plus:

1. Attends meetings with counselors and staff regularly. Makes own meeting times with counselee for about ten hours a week. Can use community resources with staff assistance.

Level III: Application (Continued)

2. Contributes input and feedback, with emotional relevancy, to the groups and others. Listens, reflects, and can assist another during in-depth investigation of problems, alternatives, and positive solutions. Facilitates group interaction.

3. One-to-one faciliation, makes initial contacts.

4. Can communicate and understand the levels from training, being able to determine levels of "self" and others during actual experiences. Can give and receive feedback on levels.

5. Can teach (didactically) basic training concepts to others. Is reading counseling literature outside the program.

6. Can make a behavioral management plan for others (able to pin-point specific problems, plan, set up contingencies, make observation, and evaluate). Can explain basic principles of reinforcement.

7. Knows a skill and craft good enough to teach another.

8. Can teach basics of at least two counseling methods or techniques, and knows at least three. To be aware of his or her own individual style of counseling and can use this during on-the-job training supervision (or when necessary).

9. Can make a behavioral observation and a phenomenological observation and knows the difference.

10. Does all paper work adequately and on time. Expresses mostly personal feeling and growth in journal.

11. Can design, record, and analyze role playing situtaions.

12. Models spontaneous sharing of program resource upkeep and respect for the rights of others. Knows the basic guidelines and ethics for counselors.

Level IV: Analysis

Analysis: Breakdown of whole into parts and ability to preceive and understand relationships of the parts. Levels I, II, III, and:

1. Maps out ones own work schedule and plans own meetings and related outside activities. Knows community resource possibilities and can use them.

2. Can organize, facilitate, and give feedback to a group process. Can disclose in-depth, personal feelings and thoughts and assists others in doing so. Can intuitively facilitate inner searching of others.

3. One-to-one in-depth relationships among significant others. Makes initial contacts to facilitate others beginning self-growth.

Level IV: Analysis (Continued)

4. Can teach levels of communication and feedback from training. Brings outside literature for others to share.

5. Knows the differences between behavioristic and humanistic psychology and can explain basic principles from each.

6. Knows more than two skills and crafts enough to teach others.

7. Can teach at least three counseling methods or techniques and knows at least six. Has developed an individual style of counseling and can evaluate another's style, compare, give feedback, and assimilate new approach possibilities. Can do on-the-job supervision in some counseling areas.

8. Can teach behavioral and phenomenological observation.

9. Begins implementing own collection of data for research.

10. Can use video, role playing, and editing to create an associated documentation of counseling and growth process.

11. Actively enhances others along the principle guidelines and ethics for counselors.

Level V: Synthesis and Evaluation

Synthesis and Evaluation: Taking elements and form a whole where the sum equals more than the parts. Combines concepts and principles and evaluates according to qualitative and quantitative judgments.

1. Works effectively in community, with others, and has a "self" management and growth program in operation.

2. In group facilitation can reach spontaneous in-depth searching, disclosure of personal feelings of most members, and synergistic positive potential development (helping oneself will help the others and enhancing others in the groups will also help "self" develop).

3. One-to-one in-depth relationship with significant others. Openness to the process of self-growth in others. Non-judgmental, allowing others to ask for assistance and knowing how to facilitate the reaching out.

4. Creates own levels of communication with others, training methods, and literature for counseling.

5. Can unite behavioristic and humanistic psychology in principle, method, and theory.

6. Learns new crafts and skills and can teach them.

Level V: Synthesis and Evaluation (Continued)

7. Can teach numerous counseling methods or techniques, learning new ones from literature, schools, or others. Individual counseling style can be evaluated, compared, and demonstrated to others. Can help others develop their own style.

8. Can unite observational techniques and have started inner "self" observation (e.g. meditation, self-hypnosis, etc.).

9. Research implementation of design, data collection, analysis, and reporting to evaluation of own style of counseling.

10. Can use video to create "impact" film which will facilitate the growth process in others.

11. Has developed own guidelines and ethics which synergistically enhance self and others.

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